



Application for Relocation Towing Employment Permit

APPLICATION INSTRUCTIONS

1. The Application for Relocation Towing Employment Permit form, or photocopies of this form, must be used.
2. A non-refundable application fee must accompany this application.

Fee Schedule:

- \$90.00 Initial Application
- \$60.00 Renewal Application

Submit application and fees to:
 Illinois Commerce Commission
 ATTN: Processing and Information
 527 East Capitol Avenue
 Springfield, Illinois 62701

PLEASE NOTE: If your application for a Relocation Towing Employment Permit is dismissed or denied, your fee will be forfeited. If you choose to reapply in the future, you will be required to file a new application and pay the required fee.

3. All parts of this application must be completed fully and truthfully. Failure to complete any portion in full will result in the rejection of the application. It is also permissible to use an additional copy of the page as indicated. Any omission, incomplete answer or untruthful answer may result in the denial of the application.
4. Indicate if the application is an initial or renewal application.
5. Applications for renewal of an employment permit must be filed no earlier than 90 days and no later than 45 days prior to the expiration of the employment permit.
6. Indicate if the Applicant is seeking a Dispatcher's Employment Permit or Operator's Employment Permit.

PART 1. APPLICANT INFORMATION

7. Residence address is the Applicant's current home address. An address other than the residence address will not be accepted for the residence address field. Do not use a P.O. Box number. If the Applicant wishes to receive mail at an address other than that of the residence address, a mailing address may be provided. All formal and informal correspondence will be sent to the mailing address, including service of process. If a mailing address is not listed, all correspondence will be sent to the residence address.

PART 2. SPONSORING RELOCATOR INFORMATION

8. The Applicant must identify the Commercial Vehicle Relocator for which he or she intends to work as a dispatcher or operator and provide the name of the immediate supervisor.

PART 3. CRIMINAL HISTORY

9. Mark the box "YES" or "NO" indicating whether the Applicant has been convicted of any crime other than a minor traffic violation within the 5 years immediately preceding the date of the Application. If the answer to this question is "YES", complete the remainder of the section. List all convictions entered within the 5 years immediately preceding the date of the Application, regardless of age at the time of the offense. A separate block must be completed for each offense. Use an additional copy of the page as necessary.
10. Answer whether there are any criminal charges currently pending against the Applicant. If the answer to this question is "yes", complete the remainder of the section. Complete a separate block for each offense. Exclude pending court proceedings for minor traffic violations. Use additional pages of this form as necessary.

PART 4. DISCLOSURES

11. Mark "YES" or "NO" for each question in Part 4. If "YES" was marked for questions 4 through 7, provide the required additional information in the space provided. If additional space is needed in order to provide a complete answer, use an additional copy of the page as necessary.

PART 5. VERIFICATION

12. The application must be signed by the Applicant and notarized.

SUPPORTING DOCUMENTATION

13. Use this checklist to ensure all required supporting documents are submitted to the Commission.
 - Copy of a government issued photo identification card (driver's license, state I.D. card or passport).
 - If the Applicant is applying for an Operator's Employment Permit and is currently permitted to drive under a restricted/judicial driving permit, the Applicant must attach a copy of the permit.



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_____ RTV-O
(for ILCC use only)

_____ RTV-D
(for ILCC use only)

Type of Application (check one):	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal - Current permit expires ____ / ____ /20____
Type of Employment (check one):	<input type="checkbox"/> Operator	<input type="checkbox"/> Dispatcher

PART 1. APPLICANT INFORMATION

Full Legal Name:		
Residence Address:	Phone Number:	
City:	State:	Zip Code:
Mailing Address:	Email:	
City:	State:	Zip Code:
Social Security Number:	<input type="checkbox"/> Driver's License Number or <input type="checkbox"/> State I.D. Number:	Date of Birth:

PART 2. SPONSORING RELOCATOR INFORMATION

Name of Commercial Vehicle Relocator:	MC No.:	RTV - R No.:
Business Address:	Phone Number:	
City:	State:	Zip Code:
Name of Immediate Supervisor:	Email:	



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PART 3. CRIMINAL HISTORY

Within the 5 years immediately preceding the date of this application, has the Applicant been convicted of any crime that is not a minor traffic violation? NO YES If "yes," the remainder of this Part must be completed.

INSTRUCTIONS

List below those criminal offenses for which the Applicant has been convicted within the 5 years immediately preceding the date of this application, regardless of age at the time of the conviction. Complete a separate block for each offense. Exclude convictions for minor traffic violations. Use additional copies of this page as necessary. Any omission, incomplete answer or untruthful answer may result in the denial of the application.

Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Date of Conviction:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:		Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," identify the supervising agency:		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Date of Conviction:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:		Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," identify the supervising agency:		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Date of Conviction:	Age at Time of This Application:
Sentencing Court:		
Sentence or Penalty Imposed:		Did You Plead Guilty? <input type="checkbox"/> NO <input type="checkbox"/> YES
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," identify the supervising agency:		



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Does the Applicant have any pending criminal proceedings involving any crime that is not a minor traffic violation? <input type="checkbox"/> NO <input type="checkbox"/> YES If "yes," the remainder of this Part must be completed.		
INSTRUCTIONS		
List below those criminal proceedings pending before a court in which the Applicant is named as a defendant but that have not culminated in an entry of sentence, a guilty or not guilty judgment, a dismissal, or an order striking the criminal charges as of the date of this application. <u>Complete a separate block for each offense.</u> Exclude pending court proceedings for minor traffic violations. Use additional pages of this form as necessary. Any omission, incomplete answer or untruthful answer may result in the denial of the application.		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Name of Court where case is pending:		Case Docket No.:
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at Time of Arrest:	Age at Time of This Application:
Name of Court where case is pending:		Case Docket No.:

PART 4. DISCLOSURES

INSTRUCTIONS
Mark "YES" or "NO" for each question in Part 4. If "YES" was marked for questions 4 through 7, provide the required additional information in the space provided. If additional space is needed in order to provide a complete answer, use an additional copy of the page as necessary.

- YES NO
- 1. Is the Applicant 18 years of age or older?
 - 2. Does the Applicant agree to comply with the Illinois Commercial Relocation of Trespassing Vehicles Law, 625 ILCS 5/18a-100 *et seq.*, and its Administrative Rules, 92 Ill. Adm. Code 1710.10 *et seq.*?
 - 3. Does the Applicant currently possess a valid driver's license or a restricted/judicial driving permit?
 - 4. Has the Applicant ever had a Dispatcher's or Operator's Employment Permit denied, revoked or suspended under the Illinois Commercial Relocation of Trespassing Vehicles Law, 625 ILCS 5/18a-100 *et seq.*, or its Administrative Rules, 92 Ill. Adm. Code 1710.10 *et seq.*?
 If "YES", please provide an explanation below.

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Illinois Commerce Commission Fingerprinting Form

Please provide the following information (please print clearly).

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth (State or Country if outside U.S.A.): _____



To be completed by the Illinois Commerce Commission:

ORI _____
ILCC Permit/License # _____

- This form must be completed and filed with the application at the Illinois Commerce Commission.
- The form will be returned to you with an ORI and ILCC permit or license number.
- Bring the form and a valid, government issued picture ID (such as a drivers license, state ID or passport) to the closest fingerprinting facility.
- Check the website, www.biometricimpressions.com for the closest fingerprinting location. No appointments are necessary. For more information, contact: BioMetric Impressions Corp., 188 W. Industrial Dr., Suite 214B, Elmhurst, IL 60126, phone (630)532-5922.
- Upon completion of the fingerprinting service you will be given a computer-generated receipt.
- Your results will be sent directly from the Illinois State Police and FBI to the Illinois Commerce Commission Police Department.

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN # _____



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AUTHORIZATION TO CONDUCT A CRIMINAL BACKGROUND CHECK AND OBTAIN INFORMATION

Full Legal Name:

I, _____, authorize the Illinois Commerce Commission to conduct a criminal history records check and obtain information concerning any criminal charges and their dispositions relative to my fitness under the Illinois Commercial Relocation of Trespassing Vehicles Law, 625 ILCS 5/18a-100*et seq* .

Signature: _____

Date: _____