



APPLICATION INSTRUCTIONS

- E-mail address of the safety relocator must be provided.** Failure to provide an E-mail address may result in the safety relocator not receiving important correspondence, including the issued credentials, from the Commission.
- The Safety Relocator Registration Form, or photocopies of this form, must be used.
- A non-refundable application fee must accompany this application. Make checks payable to Illinois Commerce Commission/TRF.

Fee Schedule:

Annual Registration	\$450.00 plus \$150.00 per vehicle
Reinstatement of Revoked Registration	No Fee
Reinstatement of Suspended Registration	No Fee

- Submit the fully completed application and check or money order via US Mail to the following address. **Please note that FAXED, E-MAILED OR OVER-THE-PHONE APPLICATIONS ARE NOT ACCEPTED.** If you attempt to submit the application with payment via fax, e-mail or telephone, the application will NOT be processed.

Illinois Commerce Commission
 ATTN: Processing and Information
 527 East Capitol Avenue
 Springfield, Illinois 62701

- All parts of this application must be completed. Failure to complete any portion in full and accurately will result in the application not being processed and the safety relocator receiving a deficiency notice.**

PART 1. IDENTITY OF APPLICANT

- Identify the type of business entity; check only one Box. For corporations provide state of incorporation and for LLCs provide state of organization.
- For corporations, LLCs, LPs, LLPs and LLLPs, the legal name must be entered exactly as it is registered with the Illinois Secretary of State. For general partnerships, the legal name must be entered exactly as it appears on the written partnership agreement.
- For sole proprietor or general partnership, the trade name, if any, must be entered exactly as it is registered with the County Clerk’s office responsible for regulating trade or business names in your locality. A certificate of publication under the Assumed Business Name Act must be submitted with the application and may be obtained from the County Clerk in the county in which the business is conducted. For corporations, LLCs, LPs and LLLPs the trade name, if any, must be entered exactly as it is registered with the Illinois Secretary of State.
- Federal Employee Identification Number (FEIN): Corporations, LLCs and partnerships must provide their FEIN. Sole proprietors must provide their Social Security Number (SSN).
- Business address is the actual physical location from which the motor carrier conducts business. Do not use a P.O. Box number.
- The ILCC Number is the number issued to the motor carrier by the Illinois Commerce Commission. DO NOT LIST USDOT Numbers or MC Numbers issued by the federal agency, Federal Motor Carrier Safety Administration (FMCSA), in the ILCC Number field. If the Applicant is applying for the Safety Relocator Registration for the first time, the ILCC Number field may be left blank.

PART 2. DESCRIPTION OF VEHICLES

- The Applicant must provide all of the requested information regarding all vehicles that will be used to conduct safety towing operation.

PART 3. VERIFICATION

- The application must be signed by the sole proprietor, partner, corporate officer, member or an authorized employee of the Applicant on behalf of the Applicant. If an individual other than the above identified persons has signed this application, proof of signatory authority for that individual must be submitted at the time of filing.

REQUIRED DOCUMENTS CHECKLIST

- | |
|---|
| <input type="checkbox"/> Safety Relocator Registration Form
<input type="checkbox"/> Certificate of Publication under the Assumed Business Name Act from County Clerk in the county in which the business is conducted (only for sole proprietors or general partnerships operating under a trade name).
<input type="checkbox"/> Form E - must be filed by bonding or insurance company authorized to do business as such in the State of Illinois certifying the following coverage:
1) for injury to person, in an amount not less than \$100,000 to any one person and \$300,000 for any one accident and
2) in case of damage to property other than a vehicle being removed, in an amount not less than \$50,000 for any one accident
<input type="checkbox"/> Form H - must be filed by insurance company authorized to do business as such in the State of Illinois certifying the following coverage:
1) in case of damage to any vehicle relocated or stored by the safety relocator, in an amount not less than \$15,000 per vehicle |
|---|



GUZmFYcWUrfFY [jgfU]cb: cfa

HndYcZ5dd]WU]cb (check one):	Annual Registration PLEASE NOTE: Expires on July 31 st of each year	Reinstatement of Suspended or Revoked Registration
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D5 FH%`89BHMC: `5 DD@7 5 BH`

6 i g]bYgg`HndY` (check one):			
Sole Proprietorship	Partnership`	Corporation`	LLC`
State of Incorporation:		State of Organization:	
Full Legal Name of Safety Relocator:		FEIN/SSN:	ILCC Number:
Trade Name:		Phone Number:	
Business Address:		E-mail:	
City:		State:	Zip Code:
Mailing Address (if different from Business Address):			
City:		State:	Zip Code:

D5 FH`&`89G7F-DHCB`C: `J9<7 @G`

-BGHI 7HCBG`

The Applicant must provide all of the information below regarding all vehicles that will be used to conduct safety towing operation. If more space is necessary, list the additional vehicles on page 3 of this form.

YEAR	MAKE	MODEL	PLATE NO.	VIN	REGISTERED OWNER	FEE PER VEHICLE
1.						
2.						
3.						
4.						
5.						

HCH5 @: CF`5 @@J9<7 @G` (from pages 2 and 3).

5 DD@7 5 HCB: 99.

; F5 B8`HCH5 @`

\$450

D5 FH` .`J9F= 7 5 HCB`

I, the undersigned, under penalty for false statement, certify that the above information is true and accurate and that I am authorized to execute and file this document on behalf of the Applicant. By signing this form, the Applicant consents to service by electronic means of any correspondence pertaining to this registration.

Print Name:	Authorized Signature:	Position/Title:	Date:
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-@7`C: : 79`I G9`CB@M`

Date Application Received:

Safety Relocator Registration Form



PART 2 continued. DESCRIPTION OF VEHICLES

INSTRUCTIONS

The Applicant must provide all of the information below regarding all vehicles that will be used to conduct safety towing operation. List additional vehicles on this page.

	YEAR	MAKE	MODEL	PLATE NO.	VIN	REGISTERED OWNER	FEE PER VEHICLE
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