

CITY OF LAS CRUCES
LAS CRUCES POLICE DEPARTMENT WRECKER SERVICES
PROGRAM
WRECKER ROTATION ORDINANCE PROGRAM

Wrecker Services Program: Las Cruces Police Department
Traffic Section
217 E Picacho
Las Cruces, New Mexico 88001
(575) 528-4163

Authority: Las Cruces Municipal Ordinance 29-7 *Wrecker Rotation Program*
Enactment: October 21, 2019

Instructions: All questions/terms on this application must be answered completely; write N/A if any item is not applicable to your business. Attach additional pages, if necessary, to complete your answer and be certain to make reference to the particular question or exhibit by number. All requested exhibits must be included, or this application will be considered incomplete. Return this completed application with application fee to the Las Cruces Police Department Wrecker Services Program at 217 E. Picacho, Las Cruces, NM.

This application is for the period of July 1, 2020 to June 30, 2021. Please contact the LCPD at 575-528-4163 if you have any questions about preparing this application. If you have any questions concerning the administration of the wrecker ordinance, please call Wrecker Services Unit (LCPD Traffic) at 575-528-4163. For questions involving insurance call the City Risk Management Department at 575-541-2200.

Each application here under shall be accompanied by a four hundred dollar (\$400.00) application fee; one hundred (\$100.00) of this fee shall be non-refundable only (if) the applicant is refused placement on the rotation list.

Application is hereby made for inclusion in the City of Las Cruces Wrecker Rotation Ordinance Program and indicated below:

Date of Application: _____

[] Class A & B

[] Class C & D

I. The name, home address and proposed business address of the applicant and its officers or agents is as follows:

A. NAME OF APPLICANT: _____

DOING BUSINESS AS : _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

B. OWNER OR OFFICER NAME & TITLE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

% OF OWNERSHIP: _____

C. OWNER OR OFFICER NAME & TITLE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

% OF OWNERSHIP: _____

D. AGENT FOR APPLICANT: _____

(NAME AND TITLE)

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

- II. Attach a copy of Certificate of Public Convenience and Necessity issued by the New Mexico Public Regulatory Commission (PRC) to your business or to another business from which you are leasing such certificate. Attach a copy of such lease, if applicable.
- III. What is the PRC permit number for your business? _____
and Certificate of Good Standing from the PRC
- IV. City of Las Cruces Business Certificate account number is _____
and the \$35.00 fee due for the current year was paid on _____
and a Tax Clearing Certificate from the NM Tax and Revenue Department dated within the last ninety (90) days of application.
- V. Copies of Garage Insurance Policy with all coverages, which meet the specified requirements below, are required to be submitted with this application.

Each policy shall name the City of Las Cruces as additional insured and shall contain an endorsement providing for thirty (30) days' notice to the City in the event of any material changes or cancellation. **No policy shall meet City requirements if it includes a provision disclaiming liability for failure to give such notice.**

Copies of the garage insurance policy with all coverage which meets the specified requirements below are to be attached and submitted with the applicant

1. **Motor Vehicle Liability:** Each vehicle must have a minimum of **\$750,000** per occurrence for Bodily Injury (BI) to or death of all persons injured or killed and property damage.
2. **Garage Keepers Legal Liability:** Minimum of \$50,000.
3. **On the Hook Liability:** Minimum of \$50,000.

- VI. Attach a complete diagram of the business premises to scale with dimensions clearly showing all areas to be used for towed vehicles storage, including any inside storage space.

How many unused parking spots within the fenced storage area are available for towing storage as of the date of this application? _____

Is the storage area fenced to a minimum of six (6) feet in height around the entire perimeter of the storage area with adequate lighting and locking facilities? [] YES [] NO

Do you have a building at the storage location which is capable of storing a minimum of two (2) full size passenger cars and which may be locked, and which is not accessible to the general public? [] YES [] NO

Business Hours: While on the City of Las Cruces wrecker rotation list, the wrecker's office must be opened a minimum of Monday through Friday 8:00 am until 5:00 pm. Saturday and

Sunday shall be considered “**extended hours**” as defined in the **Public Regulation Commission Tariff**: While not on rotation, the wrecker must keep regular business hours; open 8:00 am until 5:00 pm Monday through Friday, as a minimum, with the exception of legal holidays.

VII. How many wreckers do you have: _____? Attach a separate *Wrecker Description and Availability Exhibit* for each of these wreckers used in the business.

VIII. **The undersigned applicant, being first duly sworn upon oath certifies the following:**

A.) That we will conduct our operations in a responsive manner such that our equipment will be on the scene within thirty (30) minutes of a wrecker being called by MVRDA under normal circumstances.

a. Abnormal circumstances are determined by the chief of police, of their designee, and are based on reasonableness.

B.) That I have read the City of Las Cruces wrecker rotation ordinance (29-7) and agree to abide by its requirements should this application be accepted by the City. I understand that failure to comply with any of the provisions of this ordinance or application may result in removal from the Wrecker Rotation Program.

C.) That I have the capability to handle three simultaneous calls (Class A thru C) within the city limits

D.) That I have sufficient available fenced storage space to properly accommodate and protect all motor vehicles to be towed, and that I have the required unobstructed space to accommodate impounded vehicles.

E.) That, if this application is approved, any change in the provided information shall be reported in writing to the Las Cruces Police Department Traffic Section within ten (10) days of such change.

F.) That I have prepared the foregoing application, I am familiar with its contents, and that all representation hereon is true to the best of my knowledge.

APPLICANT'S NAME

PRINTED NAME AND SIGNATURE OF AUTHORIZED AGENT FOR APPLICANT

COMPANY TITLE

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public

Date

My Commission Expires:
