Dealer Towing Inquiry System Access Request – Form#1

Action Requested: New User ID			☐ Remov	☐ Remove User ID Access		
	1. Business Name:					
	2. Dealer License Number	er:				
	3. Wrecker Plate(s) /Reg	. Wrecker Plate(s) /Registration number(s):				
<u>Eac</u>	Name	Driver License#	Phone #	User Email Address		
Pursuant to CGS 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.						
Si	igned (Owner, Partner, or Auth	orized Officer)	Title	Date		
Printed Name of the above signature:						