



# CITY OF FAIRBANKS

(DATE STAMP)

## MASTER OPERATOR'S LICENSE APPLICATION

**800 Cushman Street, Fairbanks, AK 99701**  
**(907) 459-6716**

TYPE OF PERMIT:    NEW        RENEWAL        FEES DUE/COLLECTED: \_\_\_\_\_

### PART I MASTER OPERATOR'S LICENSE

Owner's Name:	
Owner's Mailing Address:	City, State Zip:
Contact Name:	24-Hour Phone:
Work Phone:	Home Phone:
Business Name:	E-mail Address:
Business Location:	City, State Zip:
Location of Impound Lot(s):	
City of Fairbanks Business License Number:	State Business License Number:

#### Application Requirements

**\$250.00 Nonrefundable Biennial License Fee.**  
**Current Certificate of Insurance (If Selecting Part II - Rotation List).**  
**Current State of Alaska Business License AND Current City of Fairbanks Business License.**  
**Complete Application with Signature of Owner.**

All required documents must be submitted with the signed application,  
the Clerk's Office cannot accept incomplete applications.

#### Applicant's Statement for Master Operator's License

**AS OWNER:**

I, \_\_\_\_\_, being first duly sworn, depose and state that I am the owner of \_\_\_\_\_ and that the answers to the foregoing questions and other statements contained herein are true and complete to the best of my knowledge and belief. I understand that any materially false statement on this application may be grounds for revocation or denial of a license. I certify that I have read and understand the FGC 14, Article X. I certify that I have read the application and understand the requirements for a Master Operator's License.

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

## PART II TOWING ROTATION LIST

### Insurance Information

Insurance Company:	Agency:
Phone No.	Address:
Policy Number:	Expiration Date:

**Necessary Coverage:** Policies shall include liability or indemnity insurance providing coverage and protection against loss through personal injury or property damage arising from negligence on the part of the owner or driver of all vehicles to be operated by virtue of this license. Each policy shall contain a clause providing that the insurer give written notice of the cancellation, revocation, termination, or expiration of said policy to the City Clerk. Worker's compensation insurance is required by state statutes shall be required. Copies of current policies shall be provided upon application to the City Clerk.

- \$500,000 Personal Injury Sustained in One Accident

- \$500,000 Property Damage Arising Out of One Accident

- \$100,000 Garage Liability Coverage For Damage or Theft of Impounded Vehicles

### Applicant's Statement for Towing Rotation List

**IF YOU WISH TO BE ON THE CITY'S TOWING ROTATION LIST:**

I, \_\_\_\_\_, being first duly sworn, depose and state that I am the owner of \_\_\_\_\_ and that the answers to the foregoing questions and other statements contained herein are true and complete to the best of my knowledge and belief. I have reviewed the rotation towing list rules and requirements in FGC Section 14-432 and agree to abide by all regulations therein.

I understand that any materially false statement on this application may be grounds for revocation or denial of a license and that my company may be removed from the list if it is continually non-responsive or if the City receives an unreasonable number of customer complaints.

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

The Fairbanks General Code is attached to this application for your convenience; it is provided as a courtesy, but is the distinct responsibility of the Owner to understand the requirements and to be compliant with City Code. Signing of the above Oath acknowledges having read the Code and certifies that he/she understands it. If the Owner has any questions regarding those responsibilities, he/she should ask prior to issuance of a permit.

Please make all necessary copies for your records before submission of your application to the Clerk's Office. There will be a per page charge for any copying requested in accordance with FGC 2-775.

Thank you in advance for your cooperation.

### Administrative Use Only

Approved By:	Date:
Denied By:	Date:
Reason for Denial:	

For additional information and/or forms, please visit the City of Fairbanks web site at: [www.fairbanksalaska.us](http://www.fairbanksalaska.us)