

**2011/2012 SNOW SEASON**  
**(All applications due by 10/28/11)**

*Official Use Only*

<b>DPW #</b> _____
<b>DISTRICT</b> _____

**TOWN OF ISLIP**  
**DEPARTMENT OF PUBLIC WORKS**

**REGISTRATION OF EQUIPMENT FOR SNOW REMOVAL**

- A. Every contractor and sub-contractor having equipment listed for snow removal is required to have an **Acord Certificate of Insurance** showing that coverage on their equipment is at least within the following limit: Combined single limit of **\$1,000,000**.
- B. The Town of Islip must also be named as additional insured on the policy. A copy of the additional insured endorsement must be provided.
- C. If you have employees, a **Workmen's Compensation Certificate** is required.
- D. Unit shall be subject to an inspection by the Town of Islip. **(All units must be inspected prior to November 18, 2011)**. For an inspection appointment, please call: (631) 595-3575.

**E. COMPLETE BOTH SIDES OF THIS FORM AND ANSWER QUESTIONS 1 THRU 7**

**INSPECTION**

NAME: \_\_\_\_\_

*Pass      Fail*

ADDRESS: \_\_\_\_\_

<b>Plow Lights</b>		
<b>Plow Operable</b>		
<b>Plow Blade</b>		
<b>Truck NYS Insp.</b>		
<b>Truck Lights</b>		
<b>Tires</b>		

TELEPHONE #: (DAY) \_\_\_\_\_

(NIGHT) \_\_\_\_\_

*Inspected by:* \_\_\_\_\_  
*(Signature)*

S.S. # OR TAXPAYER I.D. # \_\_\_\_\_

*(must be provided)*

*Applicants Signature*

YEAR	MAKE	MODEL	SERIAL NO.	# OF WHLS.	# OF DRIVE WHLS.	# OF CYL

GROSS VEHICLE WEIGHT	POWER GAS/DIESEL	LICENSE PLATE #	VIN # (Vehicle Identification)

PLOW SIZE	BODY TYPE	ENG. SIZE (CU. IN.)	FOR LOADERS: TOTAL WEIGHT: _____
			HORSEPOWER: _____

15. List any person other than yourself having any ownership interest in the vehicle listed.  
(Corporations, Partnerships, etc. list every person having ownership interest in the company).

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16. Indicate if any of the persons listed are either employees of the Town, related to employees of the Town, or in any way dependents of an employee of the Town.

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17. List any relatives of yours who are employees of the Town.

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REMARKS

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**PLEASE ATTACH YOUR INSURANCE CERTIFICATE, COPY OF REGISTRATION AND WORKER'S COMPENSATION CERTIFICATES TO THIS COMPLETED FORM AND RETURN TO PAM KLEIN @ TOWN OF ISLIP, DEPARTMENT OF PUBLIC WORKS, 401 MAIN STREET, ISLIP, NY 11751,**