



**2023-2024 SNOW SEASON REGISTRATION (FORM DUE BY 12/4/2023)**  
**TOWN OF ISLIP - REGISTRATION OF EQUIPMENT FOR SNOW REMOVAL**

NAME: \_\_\_\_\_  
 MAIN PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 S.S. # or TAXPAYER I.D. \_\_\_\_\_  
 (Must be provided.)

|                |
|----------------|
| DPW# _____     |
| DISTRICT _____ |
| PAY CODE _____ |
| VENDOR # _____ |

| YEAR | MAKE / MODEL / BODY TYPE | # OF WHLS. | PLOW SIZE | LICENSE PLATE | VIN # (VEHICLE IDENTIFICATION) | FOR LOADERS: BUCKET SIZE |
|------|--------------------------|------------|-----------|---------------|--------------------------------|--------------------------|
|      |                          |            |           |               |                                |                          |

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). \_\_\_\_\_

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 any Town employees. \_\_\_\_\_

List any relatives of yours that are employees of the Town. \_\_\_\_\_

**Please attach to this form / Registration checklist:**

- o **Insurance certificate: An ORIGINAL Acord Certificate of Insurance showing that coverage on equipment is at least within the following: Combined single limit of \$300,000. The Town of Islip is named as an additional insured on the policy and the certificate indicates: FOR SNOW PLOWING.**
- o A clear copy of your current registration and driver's license.
- o If you have employees, a Workmen's Compensation Certificate, and additional drivers' licenses.
- o A completed W-9.

*In consideration of the foregoing, (the applicant agrees for him, her or itself, and his, her or its successors and assigns that it and its agents, servants, employee, invites and successors and assigns will hold the Town of Islip, its officers, directors, employees, agents and servants harmless and forever indemnify and insure it and them, for, or against any liabilities, penalties, losses, damages, claims, expenses, suits and judgment, or any or all of the same arising out of or in any way concerning the rights, privileges, operations and events provided for, by or in this agreement).*

**➔ Print Name:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

- o Mail or drop off completed registration form to Ann Marie Petecca 401 Main St. Room 202 Islip, NY 11751, or lockbox at entrance.
- o After paperwork is submitted, **all unit(s) must be inspected by the Town of Islip on or before 12/15/23.** Please allow five business days for paperwork to be processed. Then call (631) 595-3651 to set up an inspection appointment. (All vehicles and plows must be assembled at time of inspection.)

**For Administration purposes only:**

| D.P.W INSPECTION | Pass | Fail |
|------------------|------|------|
| Plow Lights      |      |      |
| Plow Operable    |      |      |
| Plow Blade       |      |      |
| Truck NYS Insp.  |      |      |
| Truck Lights     |      |      |
| Tires            |      |      |

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

Date: \_\_\_\_\_