

APPLICATION FOR TOW TRUCK OPERATOR'S LICENSE



City of Austin
 Police Department
 P. O. Box 689001
 Austin, TX 78768-9001

In Compliance with Title 13-6-23 of the City of Austin Code, the following information and request are submitted:

First	Middle	Last	
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Date of Birth: ____/____/____		Texas Driver's License No: _____	
		PLEASE ATTACH COPY	
Incident Management License No: _____		DL Exp. Date: ____/____/____	

Criminal History information is about any criminal record you have from any state. Do not include traffic ticket information.

Have you ever been <u>CONVICTED</u> of any of the following:	YES	NO
Misdemeanor Offense	<input type="checkbox"/>	<input type="checkbox"/>
Felony Offense	<input type="checkbox"/>	<input type="checkbox"/>
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Are you currently on Probation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on Parole?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on court imposed supervision for any offense?	<input type="checkbox"/>	<input type="checkbox"/>

Request the above listed individual be issued a Tow Truck Operator's License, Authorizing him/her to operate a tow vehicle under my towing business.

Tow Business Name	Phone		
<hr/>			
Address	City	State	Zip

I understand that the Chief of Police may require the applicant be photographed as a condition of the licensing. I further understand that any false answers on this application my result in the denial or revocation of said tow truck operator's license.

Business Owners/Agent Signature

Applicant's Signature

Date

Date

Received: ____/____/____

Approved: Denied: ____/____/____

