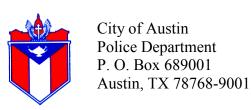
APPLICATION FOR TOW TRUCK OPERATOR'S LICENSE



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 Lie	cense No:	
Incident Management License No:	DL F	FLEASE Exp. Date:/_	ATTACH COPY
Criminal History information is about	any criminal record you have	from any state.	Do not include traffic
ticket information. Have you ever been <i>CONVICTED</i> of an	y of the following:	YES	NO
Misdemeanor Offense Felony Offense			
Are you currently on Probation Are you currently on Parole?			
	posed supervision for any offe	ense?	
Tow Business Name		Phone	
Address	City	State	Zip
I understand that the Chief of Police n licensing. I further understand that a revocation of said tow truck operator' Business Owners/Agent Signature	ny false answers on this applica s license.		the denial or
Dusiness Owners/Agent Signature	F	applicant s Signat	.urc
Date	j	Date	NUSTIN
Received:/			
Approved: Denied://			POLICE