

City of Tomball Wrecker Driver Permit Application

for year ending in \_\_\_\_\_, \_\_\_\_,

Date of Application

NOTICE: All spaces provided on this application <u>MUST</u> be filled out to the best of the applicant's knowledge. If a question does not apply, please state so by writing in N/A. The City of Tomball reserves the right to deny an application for falsifying information or failing to provide information.

|                          | Pe                | ersonal Descri        | ption                  |                          |
|--------------------------|-------------------|-----------------------|------------------------|--------------------------|
| Name                     |                   | Sex                   | Date of Birth          | //                       |
| Place of Birth           |                   |                       |                        |                          |
| Height                   | Weight            | Eyes                  | Hai                    | r                        |
| Current Address          | 0                 | City                  | State                  | Zip                      |
| (Previous address if les |                   |                       |                        | ·                        |
|                          |                   |                       | State                  | Zip                      |
| Home Phone               |                   |                       | obile Phone            | - ·                      |
| E-mail                   |                   |                       |                        |                          |
|                          |                   |                       |                        |                          |
|                          |                   | Employmen             | t                      |                          |
| Present Employer         |                   |                       |                        |                          |
| Address                  |                   |                       | State                  | Zip                      |
| Phone                    |                   |                       |                        |                          |
| E-mail                   |                   |                       |                        |                          |
|                          | Previous En       | an loumont (Dr        |                        |                          |
| E e e la constante       | FIEVIOUS EII      | ipioyment (Pre        | evious z rears         |                          |
| Employer                 |                   | ••                    |                        |                          |
| Address                  |                   |                       | State                  | ∠ıp                      |
| Phone                    |                   |                       |                        |                          |
| Employer                 |                   | ••                    | -                      |                          |
| Address                  |                   | -                     | State                  | ZIP                      |
| Phone                    |                   |                       |                        |                          |
|                          | Driver's Licen    | se (Including F       | Previous 2 Years)      |                          |
| STATE                    |                   |                       |                        |                          |
| STATE                    |                   |                       |                        |                          |
| STATE                    |                   |                       |                        |                          |
| • ···                    |                   |                       |                        |                          |
|                          |                   | <b>Criminal Histo</b> | ory                    |                          |
| Have you ever been co    |                   |                       |                        |                          |
| Do you have any outsa    |                   |                       |                        |                          |
| Have you ever been co    |                   |                       |                        |                          |
| If YES, please provide:  | Date of Convictio |                       |                        |                          |
| Court                    |                   | Case Nur              | mber                   |                          |
|                          |                   |                       |                        |                          |
| This application must b  | e accompanied by  | evidence of a cur     | rrent Texas Driver's L | icense Valid under state |

law, a fingerprint card and two current photographs of the applicant. A permit fee of fifteen dollars (\$15.00) will be collected at the time your wrecker driver identifiction card is issued.

| CORRECT TO THE BEST OF MY K<br>POLICE DEPARTMENT TO DO A D | O THE QUESTIONS ON THIS APPLICATION ARE TRUE AND<br>(NOWLEDGE. I HEREBY AUTHORIZE THE CITY OF TOMBALL<br>DRIVING RECORD AND CRIMINAL INVESTIGATION. I FURTHER<br>ING OR FAILING TO PROVIDE INFORMATION, MY<br>Y BE DENIED APPROVAL |
|--|--|
| SIGNED   |  |
|  | FOR OFFICE USE ONLY  |
| Application received by                                    | Date   |
| Application approved by                                    | Date   |
|  |  |
| License Issued by  |  |
|  | Date   |
| License Issued by<br>License Expires                       | Date<br>License No   |
| License Issued by  | Date<br>License No<br>Reason for Refusal   |

Please Return To:

City of Tomball 401 Market St. Tomball, TX 77375 281-351-5484