

SAN FRANCISCO POLICE DEPARTMENT

TOW CAR OPERATOR APPLICATION

DATE: _____ RECEIPT # _____

NAME: _____
LAST FIRST MIDDLE

RESIDENCE ADDRESS: _____
NUMBER STREET APT CITY STATE ZIP CODE

RESIDENCE PHONE: _____
AREA CODE NUMBER

SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR DATE OF BIRTH PLACE OF BIRTH

DRIVER'S LICENSE _____ SOCIAL SECURITY NO. _____
NUMBER STATE

LIST YOUR RESIDENCES FOR THE LAST FIVE YEARS. USE ADDITIONAL FORM, IF NECESSARY.

FROM DATE	TO DATE	ADDRESS RESIDED AT (NUMBER, STREET NAME, CITY)

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NO CONTEST TO ANY CRIME? (MARK "X")
YES _____ NO _____

IF YES, PROVIDE THE INFORMATION REQUIRED BELOW. USE AN ADDITIONAL FORM IF NECESSARY.
FAILURE TO PROVIDE FULL INFORMATION RELATIVE TO PRIOR CONVICTIONS, GUILTY PLEAS OR NO
CONTEST PLEAS MAY BE CAUSE TO DENY THE PERMIT.

OFFENSE	DATE	PLACE OF ARREST	DISPOSITION

I HAVE RECEIVED A TOW CAR OPERATOR INFORMATIONAL PACKET _____

SIGNATURE

EMPLOYED BY (BUSINESS NAME): _____

BUSINESS ADDRESS: _____
 NUMBER **STREET** **CITY**

BUSINESS PHONE: _____
 AREA CODE **NUMBER**

LIST YOUR EMPLOYMENT FOR THE LAST FIVE YEARS. USE AN ADDITIONAL FORM IF NECESSARY.

FROM DATE	TO DATE	COMPANY NAME & ADDRESS	TYPE OF WORK

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT, EXECUTED AT SAN FRANCISCO, CALIFORNIA. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED BY ME, RELATIVE TO THIS APPLICATION, MAY BE CAUSE TO EITHER DENY THE REQUESTED PERMIT OR REVOKE THE PERMIT THAT IS GRANTED.

NAME: _____ **DATE:** _____
 PRINT FULL NAME

SIGNATURE _____

VALIDATION SECTION
SAN FRANCISCO POLICE DEPARTMENT

PERMIT #: _____ **DATE ISSUED:** _____

EXPIRATION DATE: _____