

## SAN JOSE POLICE DEPARTMENT PERMITS UNIT

(408) 277-4452



## **TOW DRIVER APPLICATION**

Application fees are non-refundable

NEW 📙	RENEWAL	LOST ID $\square$	TRANSFER	
MPLOYER		ADDRESS		
	BUS EMAI	L		
	FIRST NA			
IM ADDRESS:		CIT	Y	
IP HM TEL	EPHONE:	HM EMAIL:		
OOB:	APPROVED GOVERNMEN	T ID WITH PHOTO:		
XP. DATE:				
MALE FEMALE	HEIGHT: WEIGHT:	HAIR:	EYES:	
	OW TRUCK FOR ANY OTHER C	<u>—</u>	_	
F YES, LIST NAME, DAT	ES, AND REASON FOR DEPART	TURE:		
REVOCA HAVE YOU EVER BEE	OVIDE THE FOLLOWING INF TION OF YOUR PERMIT. ALL N CONVICTED OF <u>ANY</u> CRIMES , INDICATE WHEN, WHERE AN	LINFORMATION IS CO C (MISDEMEANOR/FEL	ONFIDENTIAL.  ONY) $\square$ YES $\square$ N	
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SIGNATURE/BADGE/DATE



## SAN JOSE POLICE DEPARTMENT PERMITS UNIT



## **INTENT TO HIRE LETTER**

		Date:
To: SAN JOSE POLICE DEI	PARTME	ENT, PERMITS UNIT
It is our intent to hire this individ	ual if he/s	he successfully passes the permit process.
Name of Business:		
Address of Business:		
City:		Zip Code:
Name of Employee:		
Date of Birth:		<del></del>
This person is being hired as		Employee
		Contract Employee
		Thank you,
		Business Owner/Manager (Print Name)
		Business Owner/Manager (Signature)