



APPLICATION FOR WRECKER DRIVER PERMIT

Name: _____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Texas Operator's License #: _____

Height: _____ Weight: _____ Race: _____ Eyes: _____ Hair: _____

Citizenship: _____ Length of residence in U.S.: _____

Tattoos/marks: _____

Employer: _____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of any felony offense anywhere, at any time? []Yes []No

If so, explain on separate sheet.

Have you ever been convicted of any misdemeanor offense anywhere, at any time? []Yes []No

If so, explain on separate sheet.

Have you ever been convicted of any moving violation of the motor vehicle traffic laws of this state?

[]Yes []No

If so, state information including date and violation:

I authorize the Oak Ridge North Police Department to verify the information given in this application and to check my criminal history and outstanding warrants.

Signature: _____ Date: _____

For office use only

Fee: \$ _____ Date paid: _____ RN #: _____

Permit number issued: _____ Date issued: _____ Issued by: _____

Comments/notes: _____

City of Oak Ridge North

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