



SAN JOSE POLICE DEPARTMENT
PERMITS UNIT
HOURS OF OPERATION:
TUE - FRI 8:30 am - 4:00 pm
(408) 277-4452



CANVASSER APPLICATION

Last Name: _____ First Name: _____ MI: _____

DOB: _____ DL/ID NO: _____

Local Address: _____ City: _____

Zip: _____ Contact Phone No. _____

Out of State Address: _____

City: _____ State: _____ Zip: _____

Contact Phone No.: _____

Male Female Ht. _____ Wt. _____ Hair _____ Eyes _____

Have you ever been convicted of any crime? Yes No

If so, when where and what charges? _____

I certify under penalty of perjury that the statements I have made on this form are, to the best of my knowledge, true and correct. I am fully aware that any misrepresentations, omissions or falsifications will be ground for permit denial.

Signature _____ Date _____

Name of Business: _____

Address: _____ City: _____

State: _____ Zip: _____ Business Phone No. _____

Length of time you intend to engage in canvassing in San Jose? _____

Vehicle: Yr. _____ Make: _____ Color: _____ License Plate No. _____

FOR OFFICE USE ONLY

Business Lic. No. _____ Vax. Acct. No. _____ Fee: _____ 1/2/3/ _____

Expiration Date: _____ Photo No. _____ Exp. Date: _____

SLETS _____ DOJ Clearance Rec'd. _____

Fingerprint Appt. _____ Ofcr. Approval: Yes No

 Name/Badge No.