



**SAN JOSE POLICE  
DEPARTMENT  
PERMITS UNIT  
(408) 277-4452**



**TOW DRIVER APPLICATION**

*Application fees are non-refundable*

NEW

RENEWAL

LOST ID

TRANSFER

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CO. PHONE NO. \_\_\_\_\_ BUS EMAIL \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HM ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ HM TELEPHONE: \_\_\_\_\_ HM EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ APPROVED GOVERNMENT ID WITH PHOTO: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

MALE  FEMALE HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

HAVE YOU DRIVEN A TOW TRUCK FOR ANY OTHER COMPANY?  YES  NO

IF YES, LIST NAME, DATES, AND REASON FOR DEPARTURE: \_\_\_\_\_

**FAILURE TO PROVIDE THE FOLLOWING INFORMATION MAY RESULT IN A DENIAL OR REVOCATION OF YOUR PERMIT. ALL INFORMATION IS CONFIDENTIAL.**

HAVE YOU **EVER** BEEN CONVICTED OF **ANY** CRIME? (MISDEMEANOR/FELONY)  YES  NO  
IF YOU CHECKED YES, INDICATE WHEN, WHERE AND WHAT YOU WERE CONVICTED OF.

***IF YOU NEED EXTRA SPACE THEN USE THE BACK OF THIS PAGE.***

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 and that I have read all of Title 6 of the San Jose Municipal Code for Tow.

[https://www.municode.com/library/ca/san\\_jose/codes/code\\_of\\_ordinances?nodeId=TIT6BULIRE\\_CH6.66TRBU](https://www.municode.com/library/ca/san_jose/codes/code_of_ordinances?nodeId=TIT6BULIRE_CH6.66TRBU)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***DO NOT WRITE BELOW THIS LINE***

Permit No: \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Temp Issue. Date \_\_\_\_\_ Temp Exp Date: \_\_\_\_\_

Interviewed by O.D.  Drivers License  Letter of Intent to Hire  SLETS

Investigator Approval  Yes  NO

\_\_\_\_\_  
SIGNATURE/BADGE/DATE



**SAN JOSE POLICE  
DEPARTMENT  
PERMITS UNIT**



**INTENT TO HIRE LETTER**

Date: \_\_\_\_\_

**To: SAN JOSE POLICE DEPARTMENT, PERMITS UNIT**

It is our intent to hire this individual if he/she successfully passes the permit process.

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- This person is being hired as
- Employee
  - Contract Employee

Thank you,

\_\_\_\_\_  
Business Owner/Manager (Print Name)

\_\_\_\_\_  
Business Owner/Manager (Signature)