

Tuscaloosa City Police Department Wrecker Rotation Application

To: City of Tuscaloosa

Date _____ 20__

I _____ DBA:(_____), hereby make application to operate a wrecker company on the City of Tuscaloosa's "Rotation Wrecker List". I acknowledge that failure to disclose any information could be grounds for denial of this application. I hereby make the following statements of fact, which I certify to be true.

Company Name: _____

Address: _____ City: _____ Al: _____ Zip: _____

Telephone: _____ 24 Hr. number: _____

List vehicle storage location: _____ Mark if same as above: _____

Owner's Name, Last: _____ First: _____ Middle: _____

Owner's Home Address: _____ City: _____ Al: _____ Zip: _____

Home Telephone : _____

D.O.B.: _____ SSN: _____ - _____ - _____ Al DI Number: _____

List any and all partners both named and silent that will be involved with this business (each partner will have to fill out one of these applications as well) _____

DRIVER HISTORY

List any traffic citations (tickets) received by you in the last five years.(please indicate the month and year)

List any and all auto accidents you have been involved in (as a driver only) regardless of fault in the last five years. List dates as accurately as possible, please include the year. Also list the city and state of accident:

over

CRIMINAL HISTORY:

List below if you have been convicted of a felony or a crime, in the last five years, involving moral turpitude, violence against another person, and/or during the last five years have you been convicted of any Federal, state, or local alcoholic beverage law, or forfeited a cash bond to appear in court to answer charges for any such violation. Failure to list all convictions will result in the denial of this application.

<u>Violation</u>	<u>Jurisdiction/Court</u>	<u>Date of case</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Sworn to and subscribed before me this the _____ day of _____, 20____
as to the statement of facts in the foregoing application.

(My commission expires: _____) _____
Notary Public

Do not write below this line

Record:

Denied____ Approved____ this
the____ day of _____, 20__

Chief of Police