



DENVER THE MILE HIGH CITY

CITY AND COUNTY OF DENVER TOW TRUCK OPERATOR APPLICATOR

Office of Excise and Licenses 201 West Colfax Avenue, Dept. 206 Denver, Colorado 80202 720-865-2740

Instructions:

- 1. Submit Colorado driving history report. 2. Submit evidence of general commercial liability insurance in the amount of \$100,000 coverage for 2 or more persons in any one accident and \$100,000 coverage for injury to or destruction of property of others in any one accident. 3. Submit two letters of reference. 4. Submit letter of hire or statement verifying last employment. 5. Submit Colorado Bureau of Investigation Criminal background investigation. 6. Submit copy of valid Colorado Driver's License. 7. If applying as an individual or sole proprietorship, submit a secure and verifiable identification as defined by Colorado law and an Affidavit of Lawful Presence. 8. Submit evidence of physical examination.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Social Security Number: _____

Date of Birth: _____

Birth Place: _____

Application Fee: \$25.00 License Fee \$25.00

(For Office Use only, Please Do Not Write in this space.)

BFN# _____ Date Filed _____ Date Denied _____

Height: _____ ft. _____ inches Age: _____ Ethnicity: _____ Eye Color: _____ Hair Color: _____

State the length of time you have resided in the City and County of Denver: _____

Provide list of residences during the past five years:

Table with 4 columns: Street Address, City, State, Date From/To. Includes multiple rows for listing residences.

Driving History:

- I possess a valid, current Colorado Driver's License: [] Yes [] No Driver's License # _____
I have had a driver's license (issued by any state) suspended: [] Yes [] No Date of Suspension _____
I have had a driver's license (issued by any state) revoked: [] Yes [] No Date of Revocation _____
I have received a citation(s) for Driving Under the Influence of Alcohol or Drugs: [] Yes [] No Date of Citation(s) _____
I have received a conviction(s) for Driving Under the Influence of Alcohol or Drugs: [] Yes [] No Date of Convection(s) _____
I have received a citation(s) for Driving While Ability Impaired: [] Yes [] No Date of Citation(s) _____
I have received a conviction(s) for Driving While Ability Impaired: [] Yes [] No Date of Convection(s) _____
I have previously held a driver's license other than a standard license: [] Yes [] No Type of License held _____
I have had a driver's license other than a standard license suspended or revoked: [] Yes [] No Suspension or Revocation date _____
I have had moving traffic violations within the last 18 months: [] Yes [] No Offense _____ Date _____

Oath of Applicant

I declare under penalty of perjury in the second degree that this application for a Tow Truck Operator license and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all the rules and regulations which govern my Tow Truck Operator license.

Authorized Signature

Title

Date

CITY AND COUNTY OF DENVER APPLICANT CRIMINAL HISTORY FORM

Office of Excise and Licenses
201 West Colfax Avenue
Dept. 206
Denver, Colorado 80202
(720) 865-2740

<p>Instructions:</p> <ol style="list-style-type: none"> 1. Answer each question. 2. Respond to each question fully and truthfully. 3. If you are uncertain about <u>any</u> facts related to a question, do not complete or submit this form prior to investigating necessary facts. 	<p>Warning:</p> <p>PROVIDING FALSE OR MISREPRESENTED STATEMENTS IS CAUSE TO DENY A LICENSE APPLICATION.</p>
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Conviction: For purpose of this application, the term "Conviction" is defined as being convicted of a crime by (1) entering a plea of guilty, or by (2) entering a plea of no contest, or by (3) being convicted as a result of trial.

1. Felony Convictions (includes alcohol related driving offenses)

List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Misdemeanor Convictions (includes alcohol related driving offenses)

List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Municipal Convictions (other than traffic)				
List each conviction:	Jurisdiction:	Date of conviction:	Sentence:	Probation/Parole:
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Fraud, deceit, or misrepresentation
<p>Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide details: _____</p> <p>_____</p> <p>_____</p>

OATH OF APPLICANT		
<p>I declare under penalty of perjury in the second degree that the responses provided in this Criminal History Form and all attachments are true, correct, and complete to the best of my knowledge, that I have read the Applicant Criminal History Form, that I understand all the questions on the Criminal History Form, that I have personal knowledge and that all the information placed on the Criminal History Form is true and accurate. I also acknowledge that I understand that any incomplete or false statement could be grounds for denial of my license application. I agree to conform to all rules and regulations promulgated by the Director of Excise and Licenses, the Denver Revised Municipal Code, and with provisions of the Colorado Revised Statutes, which govern my license.</p>		
Name	Signature	Date

(Last revised 11/06)

