

TOW DRIVER PERMIT
CHECKLIST

Completed applications for tow truck driver permits will be accepted Monday - Friday between 8am-12pm and 1pm- 4pm at City Hall, 915 I Street, Room 1201 Sacramento, CA 95814.

1) New Application Requirements:

A. NON-REFUNDABLE FEES of:

- \$135.00 Permit Application Fee
- \$88.00 Fingerprinting Fee

B. Completed Application

C. Current DMV driver's record printout, dated within previous thirty (30) days

D. Four (4) Passport Color Photos - 2" by 2" (No hats or sunglasses, etc.)

2) Renewal Requirements:

A. NON-REFUNDABLE FEE of:

- \$135.00 Permit Application Fee

B. Completed Application.

C. Current DMV driver's record printout, dated within previous thirty (30) days

D. Two (2) Passport Color Photos - 2" by 2" (No hats or sunglasses, etc.)

E. Renewal Applications for Tow Truck Drivers are accepted from August 1st through August 31st.

3) Duplicate Permit Fee:

A. \$15.00 fee will be charged for replacement or transfer of a tow truck driver permit.

4) Permit Issuance:

A. Permits must be picked up in person. They WILL NOT be mailed.

TOW DRIVER PERMIT APPLICATION

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

1. DMV Driver printout dated within the previous thirty (30) days
2. New applicants must be fingerprinted as part of the background check
3. Submit four (4) current passport photos for a new permit, two (2) if a renewal

ATTENTION: If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in the Sacramento City Code.

APPLICATION FEES ARE NON-REFUNDABLE: New-\$135.00 Renewal-\$135.00
FINGERPRINTING FEES ARE NON-REFUNDABLE: \$88.00

NEW PERMIT: <input type="checkbox"/>				RENEWAL PERMIT: <input type="checkbox"/>		PERMIT NUMBER: _____	
PRINT FULL NAME:							
OTHER NAMES YOU HAVE USED:							
PHONE:		CELL PHONE NUMBER:			EMAIL ADDRESS:		
CURRENT RESIDENCE ADDRESS:							
HOW MANY YEARS HAVE YOU LIVED IN CA:				DATE OF BIRTH:		DRIVER LICENSE:	
HEIGHT:		WEIGHT:		EYE COLOR:		HAIR COLOR:	
NATIONALITY:				U.S. CITIZEN:			
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF SO PLEASE EXPLAIN:				HAVE YOU EVER BEEN CITED FOR AN ACCIDENT WHILE OPERATING A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF SO PLEASE EXPLAIN:			
Have you ever had a permit or license revoked or denied? If yes, please explain:							
Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT							

HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, DIVERSION PROGRAMS COMPLETED, INCLUDING DUI).

NO **YES (give the date of the arrest, offense you were charged with and the CITY)**

APPLICANT SIGNATURE

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

Signature of Applicant: _____ **DATE:** _____

TOW COMPANY ASSOCIATION

TOW COMPANY NAME: _____

TOW COMPANY MANAGER NAME:

BUSINESS ADDRESS:

TELEPHONE #: _____ EMERGENCY PHONE #: _____

I, _____ hereby certify under penalty of perjury, that I am a member of the _____ Tow Company.

APPLICANT SIGNATURE

DATE

The investigation for clearance may take several weeks or longer to complete. YOU CANNOT DRIVE A TOW TRUCK WITHIN THE CITY LIMITS WITHOUT A VALID PERMIT

Once issued, a permit may be revoked for cause. It is your responsibility to know and obey the City Code requirements for the operation of a tow truck.

Any questions regarding your application or this process should be directed to (916) 808-5852.

APPLICANTS MUST SIGN:

By my signature, I acknowledge that I have read the above requirements for a Tow Truck Driver and understand them.

Signature

Date

Print Name

**ACKNOWLEDGMENT OF RECEIPT OF
SACRAMENTO CITY CODE CHAPTER 5.144**

I, _____, hereby acknowledge receipt of a copy of the Sacramento City Code Chapter 5.144 in its entirety and set forth all provisions relating to Tow Driver Permits and Tow Vehicular Permits and Tow Company Permits. I further acknowledge it is my responsibility to read and understand all requirements and provisions of Sacramento City Code Chapter 5.144 and the Rules and Regulations which coincide with the ordinance, and I will abide by all rules stated in the ordinance and rules and regulations.

Signature

Date

Print Name