



CITY OF SACRAMENTO
REVENUE DIVISION, CITY HALL
915 'I' Street, Room 1201
Sacramento, CA 95814
(916) 808-5852

CALL
我們講中文
Hablamos español
Мы говорим по-русски
ພວກເຮົາເວົ້າພາສາລາວ
Peb hais lus Hmoob
Chúng tôi nói tiếng Việt
(916)808-8500

APPLICATION FOR FUNERAL ESCORT PERMIT

Permit Number: _____

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 THOSE REASONS SPECIFIED IN CITY CODE SECTIONS 10.28.050.

APPLICATION FEES ARE NON-REFUNDABLE.

1. Print Name: _____
Last First Middle

2. Residence Address: _____

3. Age: _____ DOB: _____ City: _____ State: _____

4. Height: _____ Weight: _____ Eye Color: _____

5. CDL #: _____ Expiration: _____ Class: _____

6. Funeral Escort Company where you will be employed:

Name: _____ Owner's Name: _____

7. Type of vehicle to be used in employment: _____

If you answer "Yes" to questions 8 through 11, for each incident, give the date of occurrence, the reason or offense charged, and the outcome or offense for which you were convicted.

8. Has your driver's license ever been revoked or suspended? _____

9. Have you ever been cited for an accident while operating a motor vehicle? _____

10. Do you have any mental or physical incapacity or infirmity of which you are aware which would in any way interfere with your duties or responsibilities as a Funeral Escort Permittee? _____

11. Have you been convicted (including convictions by verdict, plea of guilty or plea of nolo contendere) in the last five years of any crime? _____

