

Permit Number: \_\_\_\_\_

APPLICATION FOR FUNERAL ESCORT PERMIT

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

5. DOB: \_\_\_\_\_ 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 Has your driver's license ever been revoked or suspended? No Yes

9. Have you ever been cited for an accident while operating a motor vehicle? No Yes

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? No Yes

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? No Yes

