

HARRIS COUNTY TOW TRUCK OPERATOR ID CARD APPLICATION

I request that I be issued a Harris County Tow Truck Operator identification card. I acknowledge that if I am issued an identification card, it is the property of the Harris County Sheriff's Office, and it can be suspended or revoked at any time for just cause. If it is lost, an offense report is required. I agree to abide by all rules of the Harris County Tow Truck Ordinance.

Submit a copy of your ACORD form, driver's license, TDLR license, old Harris County ID, and license to carry (if applicable).

Complete **all** fields in legible print or type.

Category (select one)	
<input type="checkbox"/>	New applicant or expired ID
<input type="checkbox"/>	Renew ID or change of employer
<input type="checkbox"/>	Lost or stolen ID Case number: _____
<input type="checkbox"/>	Applying for secondary employer ID card Approved by: _____

Name (last, first middle)				Date of Birth	
Home Address			City		State
					ZIP Code
Cell Phone Number		Email		Social Security Number	Driver's License Number
					Chip Number
Height	Weight	Hair Color		Eye Color	Gender
					Race
Previous Tow Truck Company			Current Tow Truck Company		
Has Applicant been convicted of a felony offense in the last five (5) years? (If "yes," list the offense)					
<input type="checkbox"/> No <input type="checkbox"/> Yes:					
Has Applicant been convicted of a crime involving moral turpitude within the last ten (10) years? (See attached list)					
<input type="checkbox"/> No <input type="checkbox"/> Yes:					
Does Applicant have a license to carry a handgun? (If "yes," list the license number)					
<input type="checkbox"/> No <input type="checkbox"/> Yes:					

Any changes to your address, phone number, and / or current employer must be reported to the HCSO Towing and Storage unit the following work day. Incorrect or falsified information will result in revocation of your tow truck operator identification card.

I hereby swear and affirm that the information I have provided is true and correct to the best of my knowledge. My signature below indicates that I have read and / or received a copy of the Harris County Tow Truck Ordinance.

Signature	Date
x	

E-mail completed form to: HCSOTowing@sheriff.hctx.net

ADMINISTRATIVE USE ONLY				
TDLR Number	Expiration Date	FBI Number	SPN	CJIS Number
Issued By			Date	