



BOISE CITY

**NON-CONSENT TOW
DRIVER APPLICATION**

OFFICE USE ONLY

DATE _____

CITY LICENSE # _____

NEW RENEWAL

FINGERPRINTS

BACKGROUND CHECK

IDAHO DRIVER'S LICENSE (COPY)

NON REFUNDABLE FEES:

FINGERPRINTS \$ 42.00

PHOTO \$ 5.00

PROCESSING \$ 1.50

TOTAL FEES DUE..... \$48.50

••• EXPIRES ANNUALLY ON SEPTEMBER 30th •••

NAME OF APPLICANT _____
First Middle Last

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____

EMAIL ADDRESS _____ PHONE _____

OTHER NAMES KNOWN BY (including maiden) _____

RESIDENCE ADDRESS _____
Street City Zip

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) Street City Zip

EMPLOYED BY _____ DATE OF HIRE _____ / _____ / _____
Month Day Year

OVER

SELF DECLARATION STATEMENT

YES* NO

____ HAVE YOU, WITHIN THE LAST FIVE (5) YEARS PRIOR TO THE DATE OF MAKING APPLICATION FOR THIS LICENSE; PLED GUILTY OR BEEN CONVICTED OF AND CRIME INVOLVING:

____ a. violence

____ b. harassment

____ c. theft

____ HAVE YOU, WITHIN THE LAST FIVE (5) YEARS PRIOR TO THE DATE OF MAKING APPLICATION FOR THIS LICENSE; PLED GUILTY OR BEEN CONVICTED OF AND CRIME PUNISHABLE BY INCARCERATION IN A STATE CORRECTIONAL FACILITY

IN ACCORDANCE WITH BOISE CITY CODE 10-23-2.2-H, THE ABOVE OFFENSES/CONDITIONS ARE REASONS FOR DENIAL OF A NON-CONSENT TOWTRUCK DRIVER LICENSE.

STATEMENT OF OATH

I hereby authorize the city of boise, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I swear and affirm, under penalty of perjury pursuant to title 18, chapter 54 idaho code, that the statements contained in the above application for a Non-Consent Tow Driver License are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

Date _____

STATE OF IDAHO

COUNTY OF ADA ^{> ss}

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

NOTARY PUBLIC FOR IDAHO

RESIDING AT _____, IDAHO

MY COMMISSION EXPIRES _____