EMERGENCY WRECKER OPERATOR
CERTIFICATE APPLICATION
(Valid Two Years from date of Issuance)

CITY LICENSE
455 N. MAIN
WICHITA, KS 67202
(316) 268-4553

_____ EMERGENCY WRECKER OPERATOR

_____New $35.00
_____Renewal $35.00
_____Background Check $25.00

NAME First, Middle, Last			
ADDRESS		PHONE NUMBER	
CITY, STATE		ZIP CODE	
DATE OF BIRTH		DRIVER'S LIC #/ STATE	

- Within the past 5 years, from the date of this application, have you been convicted of:
  - Traffic violations YES ___ NO ____
  - A felony YES ___ NO ____
  - Leaving the scene of an accident YES ___ NO ____
  - Driving under the influence of alcohol or drugs YES ___ NO ____
  - Please list when, and where on the back of this form.
- Are you required to be registered as a sex offender with any State government? YES ___ NO ____
- Have you previously held a Wichita Emergency Wrecker Operator Certificate? YES ___ NO ____
  - If so when:_____
  - Was certificate suspended or revoked? If needed Date_____ YES ___ NO ____

The applicant is a current employee of the following licensed wrecker company

COMPANY NAME			
ADDRESS		PHONE NUMBER	
CITY, STATE		ZIP CODE	

_____ _____
Signature of Wrecker Company Representative Printed Name of Wrecker Company Representative

Any falsification on the above information may cause this application to be disapproved.

Date _____ Signature of Applicant _____

FOR OFFICIAL USE ONLY

License #		Expiration	
Date		Date Issued	

01/2015