

SHAWNEE COUNTY SHERIFF'S OFFICE (2020)

TOW SERVICE PROVIDER APPLICATION/BACKGROUND/RECORD CHECK FORM

******(Please Email to Lt. Vest)******

Full First Name: Middle: Last:

ALIAS NAMES (maiden, nickname):

E-Mail:

Address:

City: State: Zip:

Contact Phone Number(s): Cell: Office:

DATE OF BIRTH: SSN: SEX: RACE:

DRIVERS LICENSE NUMBER: STATE: TYPE:

NAME OF TOW TRUCK COMPANY (s):

POSITION WITH COMPANY:

Are you currently being investigated for a crime or do you have any felony arrests or convictions?

YES NO

If yes, please explain (use reverse side if necessary):