



Date of Application: _____

Application for City of Magnolia Wrecker Permit

Magnolia Police Department
Attn: Sergeant S. Tucker
18111 Buddy Riley Blvd
Magnolia, Texas 77354

I, _____, do hereby make an application for a permit to operate an emergency wrecker service in the City of Magnolia.

NOTICE: All spaces provided on this application MUST be filled out to the best of the applicant's knowledge. If question does not apply, please state so by writing in N/A. The City of Magnolia Police Department reserves the right to deny an application for falsifying information or failing to provide information.

Business & Owner Information	
Name of Company: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone: Business: _____ Home: _____ Mobile: _____	
Fax: _____ Email Address: _____	
Owner: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
If Owner is an Individual, Please Provide the Following:	
Name: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone: Business: _____ Home: _____ Mobile: _____	
Fax: _____ Email Address: _____	
If Owner is a Partnership, Please Provide the following:	
Name of Company/Owner: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone: Business: _____ Home: _____ Mobile: _____	
Fax: _____ Email Address: _____	
Name of Company/Owner: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone: Business: _____ Home: _____ Mobile: _____	
Fax: _____ Email Address: _____	



Application for City of Magnolia Wrecker Permit

Number of Vehicles to be Operated Under This Permit			
Vehicle No. 1			
Year: _____	Make: _____	Model: _____	
License No.: _____	License State: _____	VIN No: _____	
County Chip No.: _____	For office use only Vehicle Inspected by: _____		Pass / Fail
Vehicle No. 2			
Year: _____	Make: _____	Model: _____	
License No.: _____	License State: _____	VIN No: _____	
County Chip No.: _____	For office use only Vehicle Inspected by: _____		Pass / Fail
Vehicle No. 3			
Year: _____	Make: _____	Model: _____	
License No.: _____	License State: _____	VIN No: _____	
County Chip No.: _____	For office use only Vehicle Inspected by: _____		Pass / Fail
Vehicle No. 4			
Year: _____	Make: _____	Model: _____	
License No.: _____	License State: _____	VIN No: _____	
County Chip No.: _____	For office use only Vehicle Inspected by: _____		Pass / Fail
Vehicle No. 5			
Year: _____	Make: _____	Model: _____	
License No.: _____	License State: _____	VIN No: _____	
County Chip No.: _____	For office use only Vehicle Inspected by: _____		Pass / Fail
Vehicle Storage Facility Information			
Location of Storage Lot: _____			
Name of Owner of Storage Lot: _____			
24 Hour Number for Retrieval of Vehicles From Lot: _____			
VSF No.: _____	For office use only VSF Inspected by: _____		Pass / Fail

Each Vehicle Storage Facility and Wrecker Vehicle **will be inspected before** issuance of a City of Magnolia Towing Permit. A designated authorized agent will advise if the Facility or Vehicle passed or failed the inspection in accordance with City of Magnolia Ordinance Chapter 98, Article III

AGREEMENTS WITH WRECKER OWNERS AND OPERATORS FOR POLICE AUTHORIZED TOWS.



Application for City of Magnolia Wrecker Permit

Wrecker Driver Information	
Driver Number 1	
Name: _____	
Address: _____ City: _____ State: <u>TEXAS</u>	
Phone: _____ Alt Phone: _____	
DOB: _____ [] Male [] Female HT: _____ WT: _____ EYE: _____ HAIR: _____	
Towing Company: _____ TDLR#: _____	
Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	
Driver Number 2	
Name: _____	
Address: _____ City: _____ State: <u>TEXAS</u>	
Phone: _____ Alt Phone: _____	
DOB: _____ [] Male [] Female HT: _____ WT: _____ EYE: _____ HAIR: _____	
Towing Company: _____ TDLR#: _____	
Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	
Driver Number 3	
Name: _____	
Address: _____ City: _____ State: <u>TEXAS</u>	
Phone: _____ Alt Phone: _____	
DOB: _____ [] Male [] Female HT: _____ WT: _____ EYE: _____ HAIR: _____	
Towing Company: _____ TDLR#: _____	
Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	
Driver Number 4	
Name: _____	
Address: _____ City: _____ State: <u>TEXAS</u>	
Phone: _____ Alt Phone: _____	
DOB: _____ [] Male [] Female HT: _____ WT: _____ EYE: _____ HAIR: _____	
Towing Company: _____ TDLR#: _____	
Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	

Driver Number 5	
Name: _____ Address: _____ City: _____ State: <u>TEXAS</u> Phone: _____ Alt Phone: _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female HT: _____ WT: _____ EYE: _____ HAIR: _____ Towing Company: _____ TDLR#: _____ Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	
Driver Number 6	
Name: _____ Address: _____ City: _____ State: <u>TEXAS</u> Phone: _____ Alt Phone: _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female HT: _____ WT: _____ EYE: _____ HAIR: _____ Towing Company: _____ TDLR#: _____ Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	
Driver Number 7	
Name: _____ Address: _____ City: _____ State: <u>TEXAS</u> Phone: _____ Alt Phone: _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female HT: _____ WT: _____ EYE: _____ HAIR: _____ Towing Company: _____ TDLR#: _____ Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	
Driver Number 8	
Name: _____ Address: _____ City: _____ State: <u>TEXAS</u> Phone: _____ Alt Phone: _____ DOB: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female HT: _____ WT: _____ EYE: _____ HAIR: _____ Towing Company: _____ TDLR#: _____ Issue Date: _____ Expiration Date: _____	
Supervisor's Signature: _____ Approved: _____ Denied: _____	