



Application for City of Magnolia Wrecker Permit

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

_____, do hereby make an application for a permit to operate an

NOTICE: All spaces provided on		T be filled out to the best of th	11 ()
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Department reserves the right to d			•
information.	ieny an application for	raisirying information of family	is to provide
imormation.			
	Business & Owner	Information	
Name of Comment			
Name of Company:	0.,	<u> </u>	77'
Address:			
Telephone: Business:	Home:	Mobile:	
Fax: Individual	Email Address:		
Owner: Individual _	Partnership _	Corporation	
If Owner is an Individual, Pleas	se Provide the Follov	ving:	
Name:			
Address:	City:	State:	Zip:
Telephone: Business:			
Fax:			
If Owner is a Partnership, Pleas		ing:	
Name of Company/Owner:			
Address:			
Telephone: Business:			
Fax:	Email Address:		
Name of Company/Owner:			
Address:			
Telephone: Business:			
Fax:	Email Address:		



Application for City of Magnolia Wrecker Permit

	N	Number of Vehicles to be Operated Under This Permit			
Vehicle No. 1					
Year:	Make:	Model:			
License No.:		License State:VIN No:			
County Chip No.:		Model: License State: VIN No:	Pass / Fail		
		Vehicle No. 2			
Year:	Make:	Model: License State:VIN No: For office use only Vehicle Inspected by:			
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			
		Model:			
License No.:		License State:VIN No:			
County Chip No.:		For office use only Vehicle Inspected by:	Pass / Fail		
		Vehicle Storage Facility Information			
Name of Owner o					
		ral 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

	Wr	ecker Driver Info	rmation		
		Driver Number	r 1		
Name:					
Address:		City:		Sta	ate: <u>TEXAS</u>
Phone:					
DOB:					
Towing Company:					
Issue Date:		Expiration Date:			
		- 1 -			
Supervisor's Signature	:	App	roved:	De	nied:
		Driver Number	r 2		
Name:					
Address:				Sta	ate: TEXAS
Phone:					
DOB:	[] Male	[] Female HT:	WT:	EYE:	HAIR:
Towing Company:	. []	[]	TDLR#:	-	_ · · · ·
Issue Date:		Expiration Date:			
		-			
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Supervisor's Signature		Арр	10vea	DC	
Supervisor's Signature				DC	<u> </u>
		Driver Number		DC	.mcu
Name:		Driver Number	r 3		
Name: Address:		Driver Number	r 3		nte: <u>TEXAS</u>
Name:Address:Phone:		Driver Number City: Alt Phone	r 3	Sta	nte: <u>TEXAS</u>
Name:Address:Phone:DOB:	[] Male	Driver Number City: Alt Phone [] Female HT:	r 3	Sta	nte: <u>TEXAS</u> HAIR:
Name: Address: Phone: DOB: Towing Company:	[] Male	Driver Number City: Alt Phone [] Female HT:	r 3 :: WT: TDLR#:_	Sta	nte: <u>TEXAS</u> HAIR:
Name:Address:Phone:DOB:	[] Male	Driver Number City: Alt Phone [] Female HT:	r 3 :: WT: TDLR#:_	Sta	nte: <u>TEXAS</u> HAIR:
Name: Address: Phone: DOB: Towing Company:	[] Male	Driver Number City: Alt Phone [] Female HT: Expiration Date:_	:: WT: TDLR#:_	Sta	nte: <u>TEXAS</u> HAIR:
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Name:Address:Phone: DOB:Towing Company: Issue Date: Supervisor's Signature	[] Male	Driver Number City: Alt Phone [] Female HT: Expiration Date:_	r 3 :: WT: TDLR#:_	Sta	nte: <u>TEXAS</u> HAIR:
Name:Address:Phone: DOB:Towing Company: Issue Date: Supervisor's Signature Name:	[] Male	Driver Number City: Alt Phone [] Female HT: Expiration Date:_ App Driver Number	r 3 :: WT: TDLR#: roved: 4	Sta	nte: TEXAS HAIR: nied:
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		Driver Number	5		
Name:					
Address:		City:		Sta	ite: <u>TEXAS</u>
Phone:			•		
DOB:	[] Male	[] Female HT:	WT:	EYE:	_ HAIR:
Towing Company:			TDLR#:_		
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		Driver Number	6		
Name:					
Address:					
Phone:					
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Towing Company:			TDLR#:_		
Issue Date:		_ Expiration Date:_			<u> </u>
Supervisor's Signature	:	App	roved:	De	nied:
			_		
		Driver Number	7		
Name:					
Name:Address:		City:			nte: <u>TEXAS</u>
Address:Phone:		City: Alt Phone	:		
Address:Phone: DOB:	[] Male	City: Alt Phone [] Female HT:	:	EYE:	 _ HAIR:
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Address:Phone: DOB: Towing Company: Issue Date: Supervisor's Signature Name: Address: Phone: DOB:	[] Male	City: Alt Phone [] Female HT: Expiration Date: App Driver Number City: Alt Phone [] Female HT: Expiration Date:	: WT: TDLR#:_ roved: 8 : WT: TDLR#:_	EYE: De	HAIR: mied: ate: TEXAS HAIR: