

# Cherokee County Marshal's Office

## Application for Wrecker Zone Assignment

Date Received By CCMO:		Amount Paid:		
<b>Section 1</b>				
<b>Applicant:</b>				
Date of Application:		Zone Applied for:		
Name of Business:				
Street Address:				
Phone:		Email:		
Impound Lot (if different):				
<b>Section 2</b>				
<b>Name of Owner:</b>				
Street Address:				
County:	City:	State:	Zip Code:	
Phone:		Email:		
Date of Birth:	Social Security #:	Sex:		
<b>Section 3</b>				
<b>License Holder</b> (if different from owner):				
Street Address:				
County:	City:	State:	Zip Code:	Phone:
Phone:		Email:		
Date of Birth:	Social Security #:	Sex:		

Wrecker Zone Assignment Application

<b>Section 4</b>	
Type of Ownership (select one):	<p style="margin-left: 20px;">Proprietor</p> <p style="margin-left: 20px;">Partnership</p> <p style="margin-left: 20px;">Corporation</p>

If applicant is a corporation, list the following:

<b>State of Incorporation:</b>	<b>County of Incorporation:</b>
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:

Wrecker Zone Assignment Application

<b>Section 5</b> (If this is a partnership, complete this section)	
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:
<b>Name of Officer:</b>	Office Held:
Address:	
Phone#:	Email:

Wrecker Zone Assignment Application

<b>Section 6</b> (List all personnel to be employed by this wrecker service)		
<b>Name:</b>	Social Security #:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	Email:
Training Information to Operate a Wrecker:		
<b>Name:</b>	Social Security #:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	Email:
Training Information to Operate a Wrecker:		
<b>Name:</b>	Social Security #:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	Email:
Training Information to Operate a Wrecker:		
<b>Name:</b>	Social Security #:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	Email:
Training Information to Operate a Wrecker:		

Wrecker Zone Assignment Application

<b>Section 7</b> (List all insurance coverage, including Workman's Compensation)		
Insurance Carrier:		Agent:
Policy Number:	Phone:	Amount of Coverage:
Insurance Carrier:		Agent:
Policy Number:	Phone:	Amount of Coverage:
Insurance Carrier:		Agent:
Policy Number:	Phone:	Amount of Coverage:
Insurance Carrier:		Agent:
Policy Number:	Phone:	Amount of Coverage:
<b>Section 8</b> (Required Equipment Specifications – Please see following sheet)		

**Required Equipment Specifications**

Service :	Date:
Truck:	
VIN:	
Tag:	
D.P.S. Amber Permit:	
2 Lug Wrenches	Markings
Broom	PSC Cab Card
Bucket	Radio
DOT Inspection	Scotch Blocks
Fire Extinguisher	Set of Tools Metric & Standard
Flashlight	Snatch Blocks
Fuel Stamp	Tow Lights
Lockout Tool	White Working Lights to Rear
Comments :	

(Please note: This page may be reproduced. One page per vehicle must be used.)

# CONSENT FORM

Requested by:	Date:	Received by:	Date:
Date to GCIC Officer:	Date Returned:	Returned to:	
Criminal History to SID Number	FBI Number <i>(If none stamp no record)</i>	Driver's History:	
<b>Purpose of Request:</b>		<b>Information Requested:</b>	
Private/Public employment		<input type="checkbox"/> Drivers History	
<input type="checkbox"/> Criminal Justice Employment		<input type="checkbox"/> Criminal History	
<input type="checkbox"/> Alcoholic Beverage License		<input type="checkbox"/> Employment History	
<p><i>I hereby authorize Cherokee County Marshal (Agency) to receive any Criminal/Driver's History Record Information pertaining to me that may be in the files of any Local, State, or Federal jurisdiction. I understand the information will be used to assist the Agency in determining my eligibility and fitness for the position I am seeking with the Agency. I hereby release you; your organization, and/or others from liability which may result from furnishing the information. I understand a PHOTOCOPY of this release form is valid as an original thereof, even though the photocopy does not contain an original writing of my signature.</i></p>			
<b>Please print or type the following information:</b>			
Last Name	First Name	Middle Name	Maiden Name or A.K.A.
Number and Street Address	Apt #	City	State      Zip Code
Telephone Number: <i>Home</i>		Telephone Number: <i>Work</i>	
Social Security Number		Date of Birth	Place of Birth
Drivers License Number	State	Expires	Have you ever been licensed to drive in any other state? _____. If yes, what state? _____
Race	Sex	Height Ft ____ in ____	Weight      Eyes      Hair
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Signature</p> <p>_____ Notary: <i>(Official Seal and Stamp)</i></p> </div> <div style="width: 45%;"> <p>_____ Date</p> <p>_____ Date</p> </div> </div>			