

Cherokee County Marshal's Office

Application for Wrecker Zone Assignment

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

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Section 4	
Type of Ownership (select one):	Proprietor Partnership Corporation

If applicant is a corporation, list the following:

State of Incorporation:	County of Incorporation:
Name of Officer:	Office Held:
Address:	
Phone#:	Email:
Name of Officer:	Office Held:
Address:	
Phone#:	Email:
Name of Officer:	Office Held:
Address:	
Phone#:	Email:
Name of Officer:	Office Held:
Address:	
Phone#:	Email:
Name of Officer:	Office Held:
Address:	
Phone#:	Email:

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

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

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Section 7 (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:
Section 8 (Required Equipment Specifications – Please see following sheet)		

Cherokee County Marshal's Office

Criminal History Consent Form

In order for the Cherokee County Marshal's Office to better serve you, please fill out this form completely and do not change, strikethrough, or white out any information. Please print neatly. If a change or correction is necessary, a new consent form must be completed.

Section 1: Authorization

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Section 2: Purpose of Request

Please mark the appropriate reason for your background check or specify the reason for your background check in the blank.

- CERT(Community Emergency Response Team) Volunteer (Please, release my criminal history information to the EMA Director)
- Wrecker Rotation Driver (County Ordinance Sec. 66-57 (7))
- Criminal Justice Employment
- Other: **Employment with Cherokee County – Department:**

Please release my criminal history record information to Meli Neal – Human Resources Specialist.

Section 3: Personal Information:

This consent for criminal history expires 90 days after being signed by the person whose record is sought.

Last Name		First Name		Middle Name		Maiden Name or A.K.A.	
Number and Street Address			Apt #	City		State	Zip Code
Telephone Number: Home				Telephone Number: Work			
Social Security Number				Date of Birth			
Race	Sex	Height Ft _____ in _____		Weight	Eyes	Hair	

Signature

Date

Notary Signature & Stamp

Date

Section 4: Agency Use Only

Date Processed:	S.I.D.:	Operator Initials:
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