

**REQUIREMENTS**

1. Fee: per driver
2. Copy of criminal background check (we keep original) by OSBI or the county that you applicant lives in no more than 30 days old
3. 2 passport photos
4. Copy of Department of Motor Vehicles report
5. Proof of driver's license
6. Proof of insurance with the company applicant is working for
7. Copy of State Department Health card
8. Copy of National EMS certification
9. Copy of applicant's certification for emergency vehicle operations
10. 2 passport photos
11. See City Ordinance for further requirements

**BUSINESS INFORMATION**

Business name:		Phone:
Address:		
City:	State:	Zip Code:
Owner name:		Phone:
Address:		
City:	State:	Zip Code:

**APPLICANT INFORMATION**

Applicant name:		Phone:
Address:		
City:	State:	Zip Code:
Date of birth:	Sex: M F	SSN:

**VEHICLES**

All vehicles used must be listed. If more than 3 vehicles will be used, please use additional paper.

Make:	Model:	Color:	Year:
Tag:		VIN:	
Make:	Model:	Color:	Year:
Tag:		VIN:	
Make:	Model:	Color:	Year:
Tag:		VIN:	

**DISCLAIMER AND SIGNATURE**

**I certify that my answers are true and complete to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_