

(Please Print) TOW COMPANY INFORMATION	
Address	City, State, Zip
Mailing Address if Different from Above	
Primary Phone Number	Alternate Phone Number
OPERATOR INI	FORMATION
Operator's Name	
Date of Birth	Phone Number
Address	City, State, Zip
Drivers License & State of Issuance	Other Applicable Permits/Licenses
All operators participating in the tow rotation for your company mu	ast provide a completed application and criminal history check.
Criminal Convictions:	
Criminal conviction(s) may impact your ability to participate in th	e tow rotation.
APPLICANT CERTIFICATION Before a Tow Permit is granted, I agree to provide the City of Raymore a background check, including criminal history. This may be obtained from the Missouri State Highway Patrol at www.mshp.dps.mo.gov/ , click on the link Criminal Record Check and navigate to the The Missouri Automated Criminal History Site (MACHS) Please bring a copy of your criminal history with the completed application.	
- spp. som o sg. mom o	2 ***
ADMINISTRATIV	VE USE ONLY
Date Received	Application #
Reviewer's Signature	Date
Circle One Approved Denied	Reason for Denial