## **NEW EMPLOYEE / NEW OWNER INFORMATION**



Name:	(As it appea	ars on Washington State Driver's Licer	Phone Number:	(	)		
Address:	Street						
Date of Birth:	City	Driver's License: State:	No.:		ZIP _ Last 4 of SSN:		
Tow Company Name:			RTTO #: _	RTTO #:			
I am a:  ☐ New Owne  ☐ New Empl		Date Hired:	Type of Employee:		Driver Office Staff Other:		
CRIMINAL HISTORY STATEMENT							
Have you ever been charged with a crime?			☐ YES ☐ NO	□ YES □ NO			
		victed of a crime? c violations for charges and co	☐ YES ☐ NOnvictions (i.e., Suspended,		ess Driving, DUI)]		
If you answered "yes," please explain each charge or conviction fully below. You must include events that occurred while you were a <b>juvenile</b> .							
False or incomplete information may recult in denial. If more appear is peeded, attach additional sheets in							

**False or incomplete information may result in denial.** If more space is needed, attach additional sheets in the same format.

Date Charged	Charge	City	County	State	Disposition

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## **NEW EMPLOYEE / NEW OWNER INFORMATION**



## **RESIDENCE INFORMATION**

You must list all places of residence for the last 10 consecutive years, including foreign residences. List your current residence first. If more space is needed, attach additional sheets in the same format.

Dates From – To	City		County	State		
·						
CERTIFICATION						
certify under penalty of perjury that all answers and statements on pages 1 and 2 are true, correct, and complete to the best of my knowledge. I understand that false or incomplete information by a new employee may result in denial, and that false or misleading information by an applicant or letter of appointment holder may result in denial, revocation, or suspension of a letter of appointment.						
Signature of New Owner or New Emp	loyee Date	( )				
Tow Company Name	Distric t	Fax	Email Address			
Nithin throo days of omploying a no	w drivor, anyono wi	no acciete in	vohicle auctions, or anyo	no		

Within three days of employing a new driver, anyone who assists in vehicle auctions, or anyone involved in daily operations, an operator must advise the inspector in writing of the employee's identity, including name, address, and date of birth. [WAC 204-91A-050(2)].¹ The inspector will notify the operator if the new employee does not meet the minimum requirements under a letter of appointment. Until the WSP inspector approves the new employee, the new employee must be in the immediate presence of an approved driver or employee while operating a tow truck, assisting with vehicle auctions or performing daily operations.

## MAIL, FAX, OR EMAIL TO:

Name			
Trooper Paul Shepler			
Address			
PO Box 19130			
City		State	ZIP
Spokane		WA	99219-9130
Office Phone Number	Fax Number	E-Mail Address	
(509) 227-6632	(509) 227-6632 paul.shepler@wsp.wa.gov		@wsp.wa.gov

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<sup>&</sup>lt;sup>1</sup> See Washington State Legislature Web site at <a href="http://app.leg.wa.gov/wac/default.aspx?cite=204-91A-050">http://app.leg.wa.gov/wac/default.aspx?cite=204-91A-050</a>.