FLORIDA HIGHWAY PATROL

APPLICATION FOR APPROVAL OF DRIVER(S) FOR A WRECKER OPERATOR

Date of Application
, a person authorized
the Wrecker Operator indicated below, requests approval of the following person(s) to be vers authorized to respond to calls for service from the Division of the Florida Highway
trol on behalf of the indicated Authorized Wrecker Operator:
Name of Wrecker Operator:
ddress:
ddress of the Wrecker Operator's Physical Place of Business in the Zone:
Application for approval for:
County: Zone:

5. Persons for whom approval is requested to be a Driver authorized to respond to calls for service on behalf of the Authorized Wrecker Operator (complete Columns 1, 2, 3 and 4 only):

	Column 1	Column 2	Column 3	Column 4	Column 5 FOR FHP USE ONLY:	Column 6 FOR FHP USE ONLY:
	NAME OF NDIVIDUAL	DATE OF BIRTH	FLORIDA DRIVER LICENSE NUMBER AND TYPE	WRECKER CLASSES TO BE OPERATED	DRIVER LICENSE STATUS	DRIVER APPROVED
1.						
2.						
3.						
4.						
5.						
6.						
7.						

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
					FOR FHP	FOR FHP
					USE ONLY:	USE ONLY:
	NAME OF	DATE OF	FLORIDA DRIVER	WRECKER	DRIVER	DRIVER
	INDIVIDUAL	BIRTH	LICENSE NUMBER	CLASSES	LICENSE	APPROVED
			AND TYPE	TO BE	STATUS	
				OPERATED		
8.						
9.						
10.						

A criminal background check obtained from the Florida Department of Law Enforcement within the preceding ninety (90) days from the date of this Application for each person listed in Item 5 must be submitted with this form.

FOR FHP USE ONLY:							
Remarks (for each person who is not approved in Column 6 in the table above, indicate the name of the driver and the specific reason for the refusal to approve; e.g., the person's driver license is invalid, the person's driver license is not of the required class to operator a wrecker of the class(es) indicated; the person is "not reputable" within the meaning in Rule 15B-9.002, F.A.C.):							
Signature of EHR designed							
Signature of FHP designee							

Note: Column 5 and Column 6 are to be completed ONLY by the Division designee.