

CITY OF KNOXVILLE, TENNESSEE
IN COOPERATION WITH THE
KNOXVILLE POLICE DEPARTMENT

_____, 20 ____
(Date)

APPLICATION FOR VEHICLE IMMOBILIZATION "BOOTING" LICENSE

(To be filed with the **Inspections Unit**, Knoxville Police Department – Public Safety Building, 800 Howard Baker Jr. Avenue, Knoxville, Tennessee 37915)

Name of Company _____	Business Telephone Number _____	
Company Address _____		
No.	Street Address	

City	State	Zip

Fill in all information below concerning owners, partners, officers: Use Additional Sheets if necessary

	NAME	TITLE	ADDRESS
1.	_____		
	SOCIAL SECURITY NO.	BIRTH DATE	

2.	_____		
	SOCIAL SECURITY NO.	BIRTH DATE	

3.	_____		
	SOCIAL SECURITY NO.	BIRTH DATE	

4.	_____		
	SOCIAL SECURITY NO.	BIRTH DATE	

5.	_____		
	SOCIAL SECURITY NO.	BIRTH DATE	

Name of Insurance Carrier: _____

Name and Phone # of Insurance Agent: _____

Address of Agent: _____
No. Street Address City State Zip

(Attach Certificate of Insurance to this application)

List all personnel employed by your company that will be involved in attaching a vehicle immobilizing device and/or releasing vehicles:

<u>Name</u>	<u>DOB/Social Security #</u>	<u>Driver License #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach a copy of current business license)

(Attach a copy of the notice that will be affixed to the vehicle pursuant to Ordinance 17-518)

I, _____, do solemnly swear or affirm, that the foregoing statements contained in this application are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

Subscribed to and sworn to before me this _____ day of _____

_____, 20 _____

NOTARY PUBLIC

My Commission Expires: _____, 20 _____

DO NOT WRITE BELOW
INSPECTIONS UNIT USE ONLY

Report and recommendation of Wrecker Inspector:

Approved _____ Denied _____

Signature Date _____, 20 _____

Reason for denial: _____

