



# Tow Truck – Pedal Car – Pedicab Company License Authorization Form

Form #2

Your signed authorization verifies driver employment/operation with your company. Please complete the following information and return it to the driver/applicant as part of their application form.

Name of Company: _____
Name of Company Representative: _____

<input type="checkbox"/> <b>Pedicab Driver</b>	<input type="checkbox"/> <b>Pedal Car Driver</b>	<input type="checkbox"/> <b>Tow Truck Driver</b>
Name of Driver: _____		
<input type="checkbox"/> I verify that the statements made in his/her application are true to the best of my knowledge.		
Company Representative Signature: _____		Date: _____

<input type="checkbox"/> <b>Driver, Company Transfer</b>
<b>Old Company</b> Name of Company: _____ Name of Company Representative: _____ Company Representative Signature: _____ Date: _____
<b>New Company</b> <input type="checkbox"/> I verify that the statements made in his/her application are true to the best of my knowledge. Name of Company: _____ Name of Company Representative: _____ New Company Representative Signature: _____ Date: _____