

Date Course Completed _____

FOR OFFICE USE ONLY



License No. _____
Date Issued _____
Date Paid _____
Receipt # _____

PROVISIONAL OPERATOR'S LICENSE APPLICATION

Section 12.02 Municipal Code

Fee: \$15.00

APPLICANT:

(Print)

LAST

FIRST

MIDDLE

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

PRESENT

ADDRESS: _____

PLACE OF EMPLOYMENT

WHERE LICENSE IS REQUIRED: _____

I certify that the statements in this application are true and accurate to the best of my knowledge and belief, and agree that any falsification will void the entire application. I also understand that I must comply with all applicable laws and requirements.

Applicant: _____

Signature

By using any device, means or action, you consent to the legally binding terms and conditions of this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.