



## Instruction Sheet for Tow Truck Driver's License

City of Cleveland  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

**Before completing and submitting your application to our office, please read all materials and information included. If you have any questions, please call our office at (216) 664-2264 BEFORE YOU APPLY.**

A Tow Truck Driver's license is required to drive a truck or any other vehicle adapted or used for the purpose of towing, winching or otherwise removing disabled motor vehicles. In addition to this license, a Tow Truck Vehicle License is required. This requires a separate application and fee.

This is annual license that expires on March 1<sup>st</sup>.

As the licensee, you are expected to be completely familiar with the requirements of City of Cleveland Codified Ordinance Chapter §677A, Tow Trucks.

**City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.**

**You may apply for this license in person, on-line or by mail.**

**In Person:**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Complete the application in its entirety and sign (print legibly using blue or black ink).
3. Visit our office located at the address in the top right-hand corner between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.
4. Bring the fee of \$10.00. Acceptable forms of payment are money orders, checks, debit/credit cards, and cash.

**On-Line:**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Go to <https://ca.permitcleveland.org/public/Default.aspx>, and follow the instructions on the enclosed attachment.
3. Be prepared to submit the license fee of \$10.00 plus all applicable convenience fees. Acceptable forms of payment are electronic check and debit/credit cards.

**By Mail: (Only if licensed within the past twelve (12) months)**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Make copies of all documentation.
3. Complete the enclosed application in its entirety and sign (print legibly using blue or black ink).
4. Mail the completed application, supporting documentation and fee of \$10.00 to the Division of Assessments and Licenses at the address listed above in the top right-hand corner. Acceptable forms of payment for mailed applications are money orders and checks. (DO NOT SEND CASH OR CREDIT CARD INFORMATION IN THE MAIL).

**What to Bring or Submit to the Division of Assessments and Licenses.**

1. Completed and signed application.
2. A **copy** of your current and valid state-issued driver's license.
3. A **copy** of your State of Ohio BCI Background Check where the BCI completion date is within one (1) year of application submission.
4. **Fee of \$10.00.** Fees are payable by cash, check, or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Tow Truck Driver's License Application

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<b>Date:</b>	<b>Fee: \$10.00 (Non-Refundable)</b>
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<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Tow Truck Driver's License #:
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### SECTION A - APPLICANT INFORMATION

First Name:			
Last Name:		Maiden Name (females):	
Aliases:			
Gender:		Race/Ethnicity:	
Address:			
City:		State:	Zip:
Telephone #:		Email:	
Social Security Number:			
Eye Color:		Hair Color:	
Weight:		Height:	
Date of Birth:		Place of Birth:	

### SECTION B – PREVIOUS HOME ADDRESSES/ LIST YOUR ADDRESSES FOR THE LAST FIVE (5) YEARS INCLUDING YOUR PRESENT ADDRESS

Address:					
City:	State:	Zip:	Time @ Address		yrs./mos. (Circle One)
Address:					
City:	State:	Zip:	Time @ Address		yrs./mos. (Circle One)
Address:					
City:	State:	Zip:	Time @ Address		yrs./mos. (Circle One)
Address:					
City:	State:	Zip:	Time @ Address		yrs./mos. (Circle One)
Address:					
City:	State:	Zip:	Time @ Address		yrs./mos. (Circle One)

If necessary, attach additional sheets

### SECTION C – PREVIOUS EMPLOYERS/LIST YOUR TWO (2) MOST RECENT EMPLOYERS

Business Name:		
Address:		
City:	State:	Zip:
Business Name:		
Address:		
City:	State:	Zip:

### SECTION D – LIST TWO (2) CHARACTER REFERENCES RELATIVES OR LICENSED TOW TRUCK DRIVERS ARE NOT ACCEPTED

Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip:
Employed by:	Employed by:
Telephone:	Telephone:



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### SECTION E - QUESTIONNAIRE

**List and provide details of the following:**

- Each time you have ever been summoned to court (No time frame);
- Each time you have ever been arrested or convicted of a felony or misdemeanor (No time frame); and
- All traffic violations within the past twelve (12) months.

**This area must be completed for a license to be issued. Failure to disclose offense(s) is grounds for denial of this application.**

Date of Charge	Type of Offense	City/State of Charge	Fine/Sentence

**If necessary, attach additional sheets**

Did you have a Tow Truck Driver's License prior to this application?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, last year licensed?				
Was it ever suspended or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain.				
Have you ever driven another type of public transportation vehicle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain.				
Was it ever suspended or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain.				
Do you speak, read and write the English language?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you authorized to work in the United States?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you addicted to liquor or drugs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain:				
Do you have a vision condition not corrected by glasses, contacts or surgery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain:				
Do you have a hearing condition/impairment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain.				
Do you have any other mental or physical condition/impairment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain.				
Do you have a valid government issued driver's license?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what is the State of issuance?		License Number:		Expiration Date:

### SECTION F - ACKNOWLEDGEMENT

**I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the license issued in association with this statement will be revoked. Applicant hereby acknowledges that he/she has read and understands Codified Ordinance §677A, Tow Trucks and understands the obligations of operating a Tow Truck within the City of Cleveland.**

**SIGNATURE OF APPLICANT**