ADA COUNTY RECORDER'S DIVISION

VEHICLE ESCORT LICENSE APPLICATION

Business ☐ Individual ☐ Fee $20 Per Year

Name of Applicant _____

Business Address _____

Phone _____ Date of Birth _____ SSN _____

Height_____ Weight_____ Eyes_____ Hair_____

Present Occupation _____ Employer _____

Previous occupation for last three years _____

Previous employer for last three years _____

Idaho Driver's License Number _____ Expiration Date _____

How many years have you operated a motor vehicle? _____

Vehicles owned or possessed that are to be used for this license; give make, vehicle identification number, model, year of all vehicles: (Attach sheet for additional vehicles)_____

_____

_____

_____

Individuals other than applicant who will be employed by you:

1. Name _____ DOB _____ Driver's Lic No. _____

Address _____ SSN _____

2. Name _____ DOB _____ Driver's Lic No. _____

Address _____ SSN _____

3. Name _____ DOB _____ Driver's Lic No. _____

Address _____ SSN _____

4. Name _____ DOB _____ Driver's Lic No. _____

Address _____ SSN _____

5. Name _____ DOB _____ Driver's Lic No. _____

Address _____ SSN _____

Have you, within the last three years, been convicted of, paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment, suffered the forfeiture of a bond for failure to appear, or completed any sentence of confinement for any felony, misdemeanor, or traffic violation? If yes, give details. Yes ☐ No ☐

Details _____
_____
_____

Fingerprints attached? Yes ☐ No ☐ On File ☐

STATEMENT UNDER OATH:

Being duly sworn, deposes and says he/she is making the foregoing application and make said statements therein and hereafter for the purpose of securing a Vehicle Escort License within the limits of Ada County; and has read the entire application; knows the contents thereof; affirms that the facts stated above and hereafter are true; and he/she is familiar with the Ordinance of Ada County relative to Vehicle Escorts.

_____
Applicant's Signature

Subscribed and sworn before me this _____ day of _____, _____.

_____
Deputy Clerk

_____
Notary Public for the State of Idaho
Residing at Boise, Idaho
My commission expires _____

BOARD OF ADA COUNTY COMMISSIONERS

Date _____ **Approved** ☐ **Denied** ☐

_____
Chairman of the Board