

DEPARTMENT OF FINANCE & REVENUE
CITY OF ABERDEEN
123 SOUTH LINCOLN ST.
ABERDEEN, SD 57401-4215
(605) 626-7023

OFFICE USE ONLY:
Fee Paid _____
Receipt # _____ Year _____
New _____ Renew _____ Date Lic. Issued _____
Approved by Dept. _____
Approved by Council _____

**APPLICATION FOR LICENSE FOR
AMBULANCE DRIVER**

LICENSE VALID FROM JAN. 1 THRU DEC. 31

LICENSE NO.: _____

Fee: New - \$20.00 per year
New license purchased between July 1 & Dec. 31 - \$10.00
Renew - \$15.00 per year

(PLEASE PRINT OR TYPE)

APPLICANT NAME _____ PHONE # _____
CURRENT ADDRESS: _____
NAME & ADDRESS OF EMPLOYER _____
(IF OTHER THAN SELF) _____

I AGREE THAT IF THIS LICENSE IS GRANTED, I WILL CONFORM TO, AND OBEY ALL THE REQUIREMENTS OF THE LAW AND ORDINANCES GOVERNING THIS LINE OF BUSINESS.

DATE _____ **SIGNATURE** _____

****APPLICANT MUST BE 18 YEARS OF AGE OR OLDER ****

1. APPLICANT FULL NAME:
LAST _____ FIRST _____ MIDDLE _____
DATE OF BIRTH _____
LENGTH OF RESIDENCE IN ABERDEEN _____ Years _____ Months
CURRENT DRIVER'S LICENSE # _____ STATE _____
DRIVER'S LICENSE EXPIRATION DATE _____
SOCIAL SECURITY # _____

2. LIST OF RESIDENCES FOR PAST 10 YEARS (INCLUDE CITY AND STATE)

3. LIST PREVIOUS EXPERIENCE: _____

4. TYPES OF VEHICLES OPERATED: _____

5. LIST ALL TRAFFIC VIOLATIONS FROM PRIOR 3 YEARS: _____

6. LIST ALL CRIMINAL VIOLATIONS, INCLUDING YEAR, STATE, AND COUNTY WHERE OFFENSE OCCURRED: _____
