

(Photos)

### Village of Lynbrook License Application



# SANITATION TRUCK DRIVER

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M / F

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Or Business Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

Business / employer name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ I'm a: Citizen \_\_\_\_\_ Non - Citizen \_\_\_\_\_ of the United States

**If you're not a citizen attach a copy of your work authorization from the Immigration and Naturalization Service.**

Have you ever been convicted of any Offense? \_\_\_\_\_. If yes indicate: Offense 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If more than four, complete on a separate piece of paper and attach to this application.

New York State Driver License ID # \_\_\_\_\_ Date License Expires \_\_\_\_\_ Class \_\_\_\_\_. Has this License

ever been suspended, revoked, cancelled or denied? \_\_\_\_\_ If yes, indicate the details: \_\_\_\_\_

I have attached: a) Filing Fee \_\_\_\_ b) 3 Photos \_\_\_\_ c) Copy of Driver's License \_\_\_\_ d) Copy of Receipt for Fingerprinting \_\_\_\_

**I hereby agree to a full investigation of my background, character and fitness and all information given on this application. I understand that any false information may result in the denial of the license or subsequent revocation of my license. I understand that the Lynbrook Village Code may require that I be fingerprinted in connection with this license application and that the license may be denied or subsequently revoked for a conviction of a crime or for violating any section of the Lynbrook Village Code.**

**Signature of Applicant** \_\_\_\_\_

State of New York } ss  
County of Nassau

\_\_\_\_\_ being duly sworn, deposes and says that he is the applicant described above and that the answers, information and statements on this application are true of his own knowledge and belief.

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Notary Public, Nassau County, New York.

Signed \_\_\_\_\_

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Not qualified due to \_\_\_\_\_

License Approved: Chief of Police \_\_\_\_\_ Date \_\_\_\_\_ Mayor: \_\_\_\_\_ Date \_\_\_\_\_

Application Fee Paid\$ \_\_\_\_\_ Receipt# \_\_\_\_\_ **LICENSE #** \_\_\_\_\_ issued on \_\_\_\_\_ by \_\_\_\_\_