

Date \_\_\_\_\_



**ALARM INSTALLER'S/SALES LICENSE**

△ Chauffer License

Supplemental Information  
(Class II – III Licenses)

**PLEASE PRINT**

Name of Business \_\_\_\_\_

License Class \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_

(Include any other names you may have used)

Address \_\_\_\_\_

Phone \_\_\_\_\_

If less than five years at this address(es):

\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number \_\_\_\_\_

Driver's License State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Physical Description**

Height \_\_\_\_\_

Weight \_\_\_\_\_

Color of Eyes \_\_\_\_\_

Color of Hair \_\_\_\_\_

List any criminal conviction(s) against you, other than traffic infractions, include location of the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that false information on this application can result in no license being issued. If a license had already been issued it will be revoked.

\_\_\_\_\_  
SIGNATURE OF APPLICANT AND DATE

Please return this application to 211 W 6<sup>th</sup> Ave, Kennewick, WA. 99336 or email it to [kpinfo@ci.kennewick.wa.us](mailto:kpinfo@ci.kennewick.wa.us). The application needs to include a copy of a current driver's license and an up-to-date head and shoulders photo of the applicant for the ID card. At the time of filing this application, a **NON-REFUNDABLE** fee of \$125.00 shall be paid to the City of Kennewick to cover the cost of investigation. Please send a check with the application, if mailed, or call 509-585-4208 during regular business hours to pay over the phone.