



POCATELLO TAXICAB DRIVER LICENSE APPLICATION



**** USING BLUE OR BLACK INK, COMPLETE EACH SECTION. ****
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NEW _____ RENEWAL _____

NAME: _____

Last
First
Middle Name
(Maiden & Former Names)

YOUR PHYSICAL HOME ADDRESS: _____

City
State
Zip
Phone & Cell Phone

YOUR EMAIL ADDRESS: _____

NAME & ADDRESS OF EMPLOYER: _____

LIST WHERE YOU HAVE LIVED FOR THE **PAST TEN YEARS**, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CITY AND STATE OF YOUR BIRTH: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ RACE: _____

HAVE YOU BEEN LICENSED AS A TAXI DRIVER IN ANOTHER JURISDICTION? _____

IF YES, WHERE & PROVIDE NAME & ADDRESS OF EMPLOYER: _____

DRIVER'S LICENSE #: _____ STATE: _____ CLASS: _____

(To be completed by PPD: DL expiration: _____ 10-27 check by: _____)

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE(S)? _____ STATE(S) _____

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED OR DENIED? _____

LIST DETAILS: _____

DO YOU WEAR CORRECTIVE LENSES? _____

SINCE YOU WERE LAST ISSUED YOUR DRIVER'S LICENSE, HAVE YOU BEEN DIAGNOSED WITH EPILEPSY, VERTIGO OR HEART PROBLEMS? _____

IF YES, GIVE DETAILS: _____

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: _____

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5:56 AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT: _____ **Date:** _____

***** NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION *****

******* CITY USE ONLY BELOW*******

RECORDS CHECK COMPLETED BY: _____ DATE: _____

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes No

New applicants only: Return from BCI-Fingerprints: _____

RECOMMENDATION TO MAYOR /COUNCIL _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE: _____ DATE: _____

SIGNATURE OF CLERK: _____ DATE: _____

LICENSE # BL: _____

LICENSE # PL: _____

POCATELLO POLICE DEPARTMENT

Community Commitment

Roger J. Schei, Chief of Police

911 North 7th Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • 208-234-6113 • Fax 208-234-6290
www.pocatello.gov/police

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
(Include maiden name and former names if applicable.)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

WITNESS: _____