

City of Greensboro
Application for Permit to Drive Taxicab
(Please Print)

Date _____

Name _____ Nickname _____

Present Address _____

Telephone _____ How Long at Present Address _____

List Previous Addresses:

Street/Number	City/State	Years at Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Birth _____ Place of Birth _____

Race _____ Weight _____ Color of Eyes _____

Sex _____ Height _____ Color of Hair _____

License # _____ Social Security# _____

Military Service:

Branch _____ Enlistment Date _____

Type of Discharge _____ Discharge Date _____

Have You Ever Had:

Heart Attack Yes ___ No ___ Physician _____

Epilepsy Yes ___ No ___ Physician _____

Mental Disorder Yes ___ No ___ Physician _____

List Any Criminal or Traffic Convictions During the Last Five (5) Years:

Date	Charge	City/State	Judgment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Employers During the Past Five (5) Years:

Employer	City/State	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that all the information given on this application is true to the best of my knowledge.

Signature _____

Sworn before me this _____ day of _____, 20_____

Notary _____ Commission Expires _____

Electronic Fingerprint Submission Release of Information

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and identification Section to perform a North Carolina history record information check in connection with my application for employment, my employment or volunteer services with Greensboro Police Department pursuant to N.C.G.S. 160A-304 and Greensboro Ordinance.

I understand that the North Carolina State Bureau of Investigation, Criminal information and identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Department, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named Department cannot provide a hard copy of the results of this criminal history record check to me.

Date: _____ Applicant's Signature _____

I authorized the above named subject to be fingerprinted and the fingerprints submitted to the SBI electronically.

Date: _____ Agency Authorized Official's Signature: _____

Printed Name: _____

Address: _____ Phone#: _____

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of investigation.

Date: _____ Signature of Official taking Fingerprints: _____

Agency Seal/Certification: _____

Applicant Information

(Italics denotes Mandatory Fields)

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____ Sex: (circle appropriate) Male Female

_____ Social Security # _____

Race: (Circle appropriate letter) **W** – White **B** – Black **I** – American Indian **A** – Asian/Pacific Islander **U** – Unknown

Height: _____ Weight: _____

Eye Color: (Write the appropriate letters here) _____ **BLK** – Black **BLU** – Blue **HAZ** – Hazel **GRY** – Gray

BRO – Brown **PNK** – Pink **MAR** – Maroon **GRN** – Green **XXX** – Unknown

Hair Color: (Write the appropriate letters here) _____ **BLD** – Bald **BRO** – Brown **GRY** – Gray or partially

BLK – Black **BLN** – Blonde/Strawberry

RED – Red/Auburn **SDY** – Sandy

Employer & Address: Greensboro Police Dept. – Taxi Driver Your Case # (OCA/ORI): NC0410200 _____

Reason Fingerprinted: Taxi Driver, State and Federal Check, NCGS 160A-304 Type of Transaction: NFUF _____

NCEP Card Type: _____ OTH _____