



Newport News Police Department  
Taxi Permit Examiner  
2401 G Avenue  
Newport News, VA 23602  
757-975-5018

## **Application for Newport News Taxicab Driver Permit City of Newport News, Virginia**

### **Instructions**

The application process is conducted in two steps.

#### **Step 1:**

Complete this application form and submit it to the Taxi Examiner. Ensure that all of the required fields, except those requiring signatures, are completed.

For this application to be processed, all questions must be answered. Do not leave any fields blank. If an area does not have an answer, mark the space with "N/A" for not applicable or mark through the space with a line.

The form can be completed electronically (it is a fillable PDF) or by hand (print clearly).  
You can:

Email it to [taxicab@nnva.gov](mailto:taxicab@nnva.gov)      **or**      Fax it to (757) 975-5075      **or**  
Bring it to the your scheduled appointment at 2401 G Avenue, Newport  
News, VA 23602

Once submitted, the Newport News Police Department will review the application, carefully considering all relevant information provided. Before a decision can be made about any application, the Police Department a criminal record history check. If you have been convicted of any criminal offenses, you are advised to submit a written explanation with your application.

#### **Step 2:**

Once a preliminary decision to approve or deny your application is made, you will be contacted. If your application was denied, the reason for the denial will be provided. If your application is approved, an appointment will be scheduled for you at 2401 G Avenue, Newport News, VA 23602. Bring copies of all required documentation, which will be reviewed during that meeting. Following this review, a final decision is made to approve or deny your permit.

**If you have questions about this process, please contact the Taxi Permit Examiner,  
at (757) 975-5018**



## Application for Newport News Taxicab Driver Permit City of Newport News, Virginia

Is this a: ☐ New Application  
☐ Renewal Application

### PERSONAL INFORMATION

Last Name	First Name	Middle Name	Suffix (Jr., Sr., II, etc.)
Maiden Name		Also Known As (aka, any other names used)	
- -		/ /	
Social Security # (The applicant must bring their ORIGINAL Social Security Card with them – a copy will be made)	Date of Birth (mm/dd/yyyy)	Race	Sex
lbs.			
Hair Color	Eye Color	Height	Weight
Virginia Driver License #: _____		Expiration Date: _____	
(The applicant must bring their Original Virginia Driver License with them – a copy will be made)		mm/dd/yyyy	
Place of Birth: _____			
Country	City/Town	State	
Legal Presence:			
This means that a person either is a U.S. citizen or is legally authorized to be in the United States. Legal presence can be proven with one of the following:			
<input type="checkbox"/> Virginia driver's license with photograph		<input type="checkbox"/> U.S. Military ID with photograph	
<input type="checkbox"/> Other state driver's license with a photograph		<input type="checkbox"/> Alien registration card with photograph	
<input type="checkbox"/> Official non-driver's ID with photograph		<input type="checkbox"/> Certificate of Naturalization with photograph	
<input type="checkbox"/> Social Security Card		<input type="checkbox"/> Certificate of U.S. Citizenship	
<input type="checkbox"/> Current U.S. (or) other Passport with photograph			
U.S. Citizen by origin or birth: <input type="checkbox"/> YES		<input type="checkbox"/> NO	
		If "NO," identify other citizenship.	
Date of USA Naturalization: _____		Alien Registration #: _____	

### CONTACT INFORMATION

Please provide at least one phone number and email address that can be used to contact you.

Email Address: _____			
Phone Number: ( ) _____	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Office Phone	<input type="checkbox"/> Home Phone
Phone Number: ( ) _____	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Office Phone	<input type="checkbox"/> Home Phone
Phone Number: ( ) _____	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Office Phone	<input type="checkbox"/> Home Phone



## PLACE OF RESIDENCE

Current Residence:

*This applies to the address where you live. A P.O. Box is not an acceptable address. Your home address must match the address listed on your DMV record.*

Street

Lot or Apt.#

City, State, Zip Code

I have lived at my current residence for \_\_\_\_\_ ☐ years ☐ months.

Previous residence:

*If you have not lived at the above residence for at least one year, list all additional residences, even temporary ones you have lived at in the past 365 days.*

Street, Lot or Apt#, City, State, Zip Code

## PLACE OF EMPLOYMENT

List current and previous employers during the last 365 days.

Employer & Address

☒ If Current Employer

☐☐☐☐☐

## ADDITIONAL INFORMATION

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever been issued a Taxicab Driver Permit?

☐ No ☐ Yes, if "yes", list all cities:

City, State



## DRIVING HISTORY

Have your driver or chauffeur licenses been suspended or revoked within the past year?

Suspension: ☐ No ☐ Yes

Revocation ☐ No ☐ Yes

Date of Revocation or Suspension: \_\_\_\_\_

Reason for Revocation or Suspension: \_\_\_\_\_

Is your Virginia driver's license currently under suspension or revocation?

Suspension: ☐ No ☐ Yes

Revocation ☐ No ☐ Yes

Date of Revocation or Suspension: \_\_\_\_\_

Jurisdiction (county & state): \_\_\_\_\_

Have you been convicted of driving under the influence of alcohol or other intoxicating/controlled substances in the past year?

☐ No

☐ Yes, if yes:

Charge: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Do you currently have any physical or mental infirmity that might render you unfit to operate a motor vehicle?**

☐ No

☐ Yes, if yes, please explain:

**Are you taking prescription medication or drugs that impair your ability to operate a motor vehicle?**

☐ No

☐ Yes, if yes, please describe the type of medication:

**Are you addicted to the use of any intoxicating liquors or drugs?**

☐ No

☐ Yes, if yes, please explain:

**Have you been convicted of a traffic offense in the past 12 months?**

☐ No

☐ Yes, if yes, how many convictions? \_\_\_\_\_. Please list your convictions:

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

**BACKGROUND HISTORY**

Are you required to register as a sex offender in any state or by the federal government?

☐ No ☐ Yes, if what jurisdiction? \_\_\_\_\_.

**Have you been convicted of any criminal violations of any municipal, state or federal law?**

*A criminal record history for the past five years is required. Failure to list your conviction(s) will be grounds for your application's denial.*

- ☐ I HAVE NOT been convicted of any crimes within or outside the Commonwealth of Virginia.  
☐ I HAVE been convicted of any crimes within or outside of the Commonwealth of Virginia. List all charges.  
If necessary, attach another piece of paper to the application.

**At this time, are you currently on probation or parole?**

☐ No ☐ Yes, if yes, provide the following information:

Name of Probation/Parole Officer: \_\_\_\_\_

Officer's Phone #: \_\_\_\_\_ Date Probation/Parole Ends: \_\_\_\_\_

**Do you currently have any pending charges or indictments for any crimes within or outside the Commonwealth of Virginia?**

☐ No ☐ Yes, if yes, state "PENDING" in the disposition field.

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_  
☐ Felony ☐ Misdemeanor

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_  
☐ Felony ☐ Misdemeanor

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_  
☐ Felony ☐ Misdemeanor

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_  
☐ Felony ☐ Misdemeanor

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_  
☐ Felony ☐ Misdemeanor

Date: \_\_\_\_\_ Jurisdiction (Count, State): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_  
☐ Felony ☐ Misdemeanor



**ADDITIONAL INFORMATION**

*Use this space to add additional information.*

**APPLICATION SUBMISSION & AUTHORIZATION TO PERFORM A BACKGROUND INVESTIGATION**

*If you choose, you can print this application and sign it, fax it or scan it and email it to the Taxicab Permit Examiner.*

*Those applicants submitting the application electronically, without their written signature, will be asked to provide a written signature on your application and information release at your appointment. By applying electronically, you agree to the performance of the necessary background investigation before the final processing of your taxicab driver's permit application.*

☐ **By placing a checkmark in this box, I authorize the Taxicab Permit Examiner to perform the required background check, as stated in this application.**

I hereby state the information provided is true and accurate. I understand that omission or misrepresentation of information constitutes a class 3 misdemeanor and will result in the denial of the application to drive a taxicab within the City of Newport News.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (please print)



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### AUTHORIZATION FOR THE RELEASE OF INFORMATION

To: U.S. Armed Forces, Maritime Service, Veterans Administration or U.S. Selective Service;  
Any state Division of Motor Vehicles, local, county, state or federal agency;  
Any judge, court, magistrate, attorney-at-law;  
Any physician, psychiatrist, psychologist, counselor or mental health professional;  
Any past or present employer or person(s) having knowledge regarding my character or reputation.

I,		residing at
	Print Full Name (As it is listed on your VA Driver's License)	
Street Address, City, State, Zip Code		
have applied to the Newport News Police Department for a Taxicab Driver Permit. I am aware that, in order for this permit to be granted, my background must be investigated. I authorize a representative from the Newport News Police Department to conduct a criminal history inquiry solely for the purpose of evaluating my application. In support of this, I also agree to submit my fingerprints and personal information for use in the investigation to divulge any convictions that have been reported nationally. I am aware that as long as my Taxicab Driver Permit is active, periodically my criminal record will be checked to ensure compliance with Chapter 41 ("Vehicles for Hire") of the Newport News City Code. Further, I am aware that any information received by the Newport News Police Department may be used in any proceedings pursuant to this code.		
I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person(s) from any and all liability, which may otherwise be incurred as a result of furnishing such information. I also authorize the release of any and all information regardless of any express verbal, or written agreement, I may have made with the person previously to the contrary.		
I hereby authorize and direct the release of any and all requested information any entity or individual as previously set out, may have concerning me (including transcripts of records and copies of documents) to any City of Newport News Police Investigator or Police Taxicab Permits Examiner upon presentation of this release form. I understand that the Newport News Police Department considers any such information confidential and it will not be released to me.		

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name (please print) \_\_\_\_\_

Witness: \_\_\_\_\_  
Newport News Police Department Employee

Date \_\_\_\_\_