



Newport News Police Department

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

Check Applicable: [ ] New Application [ ] Renewal

Date

A NOTE TO ON-LINE (WEB) APPLICANTS (Important Please READ):

Due to the documents and signature required to complete your background investigation, the process of applying for a taxicab driver's permit through on-line application is two-part. The first part will allow the Newport News Police Department to begin the process and run a criminal record history check.

Once that is done, you will be contacted with either reason for denial of your application, or to set a time to come into the office. When you come in, you will need to provide any and all required documents, and sign the information release form.

Each application will be reviewed carefully and consideration will be given to all relevant information. If you have been convicted of any criminal offenses, you are advised to submit written explanation with your application. Any documentation you provide as part of your explanation of any criminal history should be scanned in and e-mailed or faxed to the Taxicab Permit Examiner at taxicab@nnva.gov, (757) 975-5075 (fax), or personally deliver to the office 3303 Jefferson Ave., Newport News, VA 23607.

ALL APPLICANTS:

All questions must be answered in order for this application to be processed. When confirmed by your signature (or in the case of a submitted on-line form, your submission of the form and checkmark in the indicated area), any false statement made on this application (to include incomplete information or omissions of facts) constitutes a Class 3 misdemeanor, and will result in the immediate denial of the request.

If you have any questions regarding this process, please call (757) 975-5018.

All areas in this form must be completed with no blank spaces, if an area has no answer or comments, mark the space with N/A ("not applicable") or mark through the space with a line.

PERSONAL INFORMATION:

Last Name: First Name: Middle: Suffix (Jr., Sr., IV, etc.):

Maiden name: Also Known As (a/k/a) (Any other names used):

SS#: - - DOB: / / Race: Sex:

(Applicant must bring their Original Social Security Card with them - A copy will be made.)

Hair Color: Eye Color: Height: ' - ", Weight: lbs.

Place of Birth: City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Virginia Driver License #: \_\_\_\_\_: Date of Expiration: \_\_\_\_\_

*(Applicant must bring their Original Virginia Driver License with them – A copy will be made.)*

Legal Presence: U.S. Citizen by origin or birth: Yes: \_\_\_\_\_ No: \_\_\_\_\_ ; or  
Date of USA Naturalization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, Alien Registration # \_\_\_\_\_

If "No", List other Citizenship: \_\_\_\_\_.

**\*Legal Presence** must be provided to the Taxicab Permits Examiner at the time of your appointment.

**\*Legal presence** - Means that a person is either a U.S. citizen or is legally authorized to be in the United States. Legal presence can be proven with one of the following:

**ACCEPTABLE IDENTIFICATION:**

- |  |  |
|--|--|
| <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 photograph      | <input type="checkbox"/> Alien registration card with photograph       |
| <input type="checkbox"/> Social Security Card                              | <input type="checkbox"/> Certificate of Naturalization with photograph |
| <input type="checkbox"/> Other official non-driver's ID with photograph    | <input type="checkbox"/> Certificate of U. S. Citizenship              |
| <input type="checkbox"/> Current U. S. (or) other Passport with photograph |  |

**PLACE OF RESIDENCE**

**Current Residence:** *(NOTE: This applies to the address where you live, a P.O. Box is not an acceptable address, and your residence must match your DMV address)*

Street: \_\_\_\_\_ Lot # or Apt. # \_\_\_\_\_

City/State/ZipCode: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, Cellular #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address *(for contact purposes)*: \_\_\_\_\_

I have lived at my current residence for \_\_\_\_ year(s)/month(s). Listed below are my previous residence addresses:

**List previous residences:** *(If you have lived at your current address less than a year, list your previous addresses)*

<u>Street (Include Lot # or Apt. #)</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____			
_____			
_____			
_____			

**PLACE OF EMPLOYMENT**

**Places of previous employment:** *(During the past year)*

<u>Employer</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

**ADDITIONAL INFORMATION**

**Are you 18 years of age or older?** No:  Yes:

**Have you ever been issued a Taxicab Driver Permit?**

No:  Yes:  If "Yes", for which City? \_\_\_\_\_

**DRIVING HISTORY**

**Has your Driver's license or Chauffeurs license been suspended or revoked within the past year?** No:  Yes:

If "Yes", List reason: \_\_\_\_\_

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

No:  Suspension: Yes:  Revocation: Yes:

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

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

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

No:  Yes:

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

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

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

**Do you currently have any physical or mental infirmity, which might render you, unfit for the operation of a motor vehicle?**

No:  Yes:

If "Yes", List: \_\_\_\_\_

**Are you taking any prescription medication or other drugs, which impair your ability to operate a motor vehicle?** No:  Yes:

If "Yes", list: \_\_\_\_\_

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

No:  Yes:

If "Yes", what type of prescription medication and/or drugs/ liquors are you taking?

List them: \_\_\_\_\_

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

No:  Yes:

(1) Charge: \_\_\_\_\_

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

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

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

(2) Charge: \_\_\_\_\_

Date: \_\_\_\_\_  
Jurisdiction (*county & state*): \_\_\_\_\_  
Disposition: \_\_\_\_\_  
  
(3)Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Jurisdiction (*county & state*): \_\_\_\_\_  
Disposition: \_\_\_\_\_

### BACKGROUND HISTORY

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

No:  Yes:

List jurisdiction: \_\_\_\_\_.

**Have you been convicted of any criminal violation of any municipal/state/or federal law? A Criminal Record History for the past 5 years is required; Failure to list your conviction(s) will be ground for immediate denial of the application.**

I HAVE NOT been convicted of any crimes either within or outside the Commonwealth of Virginia.

I HAVE been convicted with the following crimes (either within or outside the Commonwealth of Virginia). List all charges; use an additional form if necessary.

Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Jurisdiction (*county & state*): \_\_\_\_\_  
Disposition: \_\_\_\_\_

Felony or  Misdemeanor

Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Jurisdiction (*county & state*): \_\_\_\_\_  
Disposition: \_\_\_\_\_

Felony or  Misdemeanor

**At this time, are you currently on Probation/Parole?** No:  Yes:

If yes, list Probation/Parole Officer: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_ - \_\_\_\_\_. Probation/Parole ends on \_\_\_\_/\_\_\_\_/20\_\_\_\_.

**Do you currently have any pending charge(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia?**

No:  Yes:

Charge: \_\_\_\_\_  
Date: \_\_\_\_\_  
Jurisdiction (*county & state*): \_\_\_\_\_  
Disposition: \_\_\_\_\_

Felony or     Misdemeanor

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

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

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

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

Felony or     Misdemeanor

**SPACE FOR ADDITIONAL INFORMATION**

Other Information:

**(List other information or charges here)**

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

**REQUIRED FOR WEB-SUBMISSIONS**

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

**NOTE!** *For those applicants submitting the application via the web, you will be asked to provide written signature on your application and information release at the time you arrive for your appointment. By submitting the application electronically, you implicitly agree to the performance of the needed investigation on your background prior to the final processing of your taxicab driver's permit application.*

**ALL APPLICANTS:**

**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 taxicab within the City of Newport News.**

*(Those applicants who submit this form on-line will be asked to sign this acknowledgement clause at the time of any interview.)*

\_\_\_\_\_  
Signature of Taxicab Driver *Permit Applicant*

\_\_\_\_\_  
*Date*

**AUTHORIZATION FOR 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, \_\_\_\_\_,  
Print Full Name (As it is listed on your VA Driver's License)

residing at: \_\_\_\_\_, \_\_\_\_\_, VA, \_\_\_\_\_  
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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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