

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 _____

******* 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: H/W State Registry/Nurses Registry checks completed by: _____

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 _____