APPLICATION FOR PUBLIC VEHICLE DRIVER'S LICENSE

The undersigned, by furnishing the following information under oath, hereby applies to the Chief of Police of the City of Winchester, Virginia, for a Public Vehicle Driver's License.

(Application must be completed in full, notarized and returned to the Police Department along with three pictures, approximately 2" x 2". Applicant must be fingerprinted.)

☐ Hidalgo Taxi ☐ ME TAXI ☐ Taxi Latino ☐ Taxi U.S.A.

☐ Triple C Cab ☐ Uncle Sam ☐ Winchester Citizens ☐ Valley Medical Transport

Name: _____ _____ _____
(Last) (First) (Middle)

Maiden Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Telephone Number: _____ Cell Number: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____ Age: _____ Place of Birth: _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female

Driver's License Number: _____

Do you have a driver's license in another state? ☐ Yes ☐ No If "yes", what state: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Are you in good physical condition? ☐ Yes ☐ No Good hearing and eyesight? ☐ Yes ☐ No

Do you use, or have you used within the past five (5) years, intoxicating liquors, drugs, or any other form of narcotic and if so, to what extent? ☐ Yes ☐ No **If "yes", explain below:**

What experience have you had in the operation of motor vehicles (include # of years driving experience)?

Have you previously been employed as a driver? ☐ Yes ☐ No _____

Have your driving privileges ever been revoked or suspended for any reason in this or any other state? List reason, length of revocation, location in which charge was placed:

Winchester police department Virginia

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Have you, at any time, been convicted of, plead guilty to, or entered a plea of Nolo Contendere to the violation of any city, state, federal or other criminal law (including traffic charges)? ☐ Yes ☐ No **If "yes", list ALL:**

Date Charged	Charge	Location

List places of employment for past five years and approximate dates for each:

Dates	Places of Employment	Location

Applicant will provide signed consent for the City of Winchester, Virginia to access criminal record and record, if any, as shown on the Central Registry for Child Abuse, as more fully described in Section 63.1-248.8 of the Code of Virginia, 1950, as amended.

I declare, under oath, that I am not listed by either database, except as disclosed above.

Applicant Signature: _____ Date: _____

COMMONWEALTH OF VIRGINIA
CITY OF WINCHESTER

I, undersigned Notary Public, do hereby certify that _____, whose name is signed to the foregoing application, bearing the _____ day of _____, _____, personally appeared before me and acknowledged that the information furnished therein is true and correct.

Notary Public Signature _____

My Commission Expires: _____ /_____ /_____