APPLICATION FOR TAXICAB DRIVER'S PERMIT

AUTHORIZATION AND CONSENT

I hereby state that the information given by me in my application is true and complete in all respects, and I agree that if any information therein is found to be false or incomplete at any time and in any respect, I will be subject to rejection of my application. I understand that in consideration of my application, an investigation may be conducted of my pas employment and activities.

I authorize the Lawrenceville Police Department and/or its agents to conduct an investigation, and release the Lawrenceville Police Department, including its officers, employees, agents, and representatives from all liability or responsibility for this investigation, which may include, but is not limited to the performance and the gathering of information regarding driving histories, and any criminal history information which may be in the information of any state or local criminal justice agency.

FAIR CREDIT REPORTING ACT

In making this application, I understand that a consumer report may be requested or an investigation conducted to determine my suitability. I further understand that if my permit is denied in whole or in part because of information obtained by the Lawrenceville Police Department from a consumer reporting agency, I have the right to make a written request within a reasonable period of time to receive information about the scope and nature of the investigation.

APPLICANT'S FULL NAME (Please Print) _____ **MAIDEN OR OTHER NAME(S)** _____ **SOCIAL SECURITY NUMBER** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____ **PHONE** _____

DOB (MM/DD/YYYY) _____ **SEX** _____ **RACE** _____ **DRIVER'S LICENSE NUMBER** _____

TAXI COMPANY NAME _____ **TELEPHONE NUMBER** _____

SIGNATURE _____ **DATE** _____ **WITNESS** _____ **DATE** _____

*****************************POLICE DEPARTMENT USE ONLY*****************************

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COMMENTS

☐ **APPROVED** ☐ **DENIED** **NOTIFIED BY:** _____