

INSTRUCTIONS FOR CAB LICENSE RENEWAL

KETCHIKAN POLICE DEPARTMENT

1. Fill out the application completely
2. Applicant's signature must be notarized. Most Public Safety Dispatchers at the Police Department are notaries.
3. Must have two (2) photos on file, both front facing. Must be of professional quality, passport style and type.
4. Must have a valid Alaska driver's license.
5. Must submit criminal history. *This is obtained from the Alaska State Troopers.*
(NOTE: This department does not provide copies; please obtain any additional copies prior to submitting application). Cost is \$20.00.
6. Must submit driving history. *This can be obtained from the Department of Motor Vehicles.*
(NOTE: This department does not provide copies; please obtain any additional prior to submitting application). Cost is \$5.00
7. The cost of the cab license, upon approval, is \$10.00 to be paid at the time of issuance.
8. The cab license expires one (1) year from the date of issue. Renewals must be completed prior to expiration of previous license. Applicant must also forfeit previous cab license to receive renewed license. If an applicant has had five (5) years of consecutive cab licenses they may request a five (5) year license that would expire five (5) years from date of issue.

NOTE: Convictions entered by a court of competent jurisdiction within the last twelve (12) months involving a moving traffic violation which resulted in any suspension or revocation of the applicants driver's license; reckless or negligent driving; driving while license suspended or revoked; or driving under the influence of intoxicating liquor, depressant, hallucinogenic, stimulant or narcotic drugs or any controlled substances are grounds for immediate denial of application by the Chief of Police.

License #:	Expires:
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FOR OFFICE USE ONLY

KETCHIKAN POLICE DEPARTMENT

PUBLIC VEHICLE DRIVER'S PERMIT APPLICATION

THIS APPLICATION MUST BE FILLED OUT IN INK AND BE LEGIBLE

NAME: _____ DATE: _____

AK DRIVERS LICENSE #: _____ EXPIRATION: _____

SEX: _____ HEIGHT: _____ RACE: _____ WEIGHT: _____

EYES: _____ HAIR: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____ SSN: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PLEASE CHECK EACH APPROPRIATE BOX – EXPLAIN YES ANSWERS ON SEPARATE SHEET OF PAPER AND GIVE CHARGES, PLACES, DATES AND SENTENCING.

1. Have you ever had a conviction within twelve (12) months for a moving traffic violation or the last of a series of moving traffic violations, which resulted in any suspension or revocation of your driver's license?

Yes No

2. Have you had a conviction within twelve (12) months for Reckless or Negligent Driving?

Yes No

3. Have you, in the last twelve (12) months, been convicted of Driving While License Suspended or Revoked?

Yes No

4. Have you in the last twelve (12) months been convicted of Driving While Under the Influence of Intoxicating Liquor, Depressant, Hallucinogenic, Stimulant or Narcotic Drugs or any Controlled Substance?
 Yes No
5. Have you had a felony, misdemeanor, or similar conviction within five (5) years for prostitution, solicitation for purpose of prostitution, offering to secure another for the purpose of prostitution, maintaining a vehicle for the purpose of prostitution, or accepting money from a prostitute?
 Yes No
6. Have you had a felony, misdemeanor, or similar conviction within five (5) years for sale, transportation, possession, or use of any controlled substance?
 Yes No
7. Have you had a felony, misdemeanor, or similar conviction within five (5) years of any offense, which includes as an element of use of, or threat of force upon a person?
 Yes No
8. Have you had a felony, misdemeanor, or similar conviction within five (5) years for burglary, larceny, fraud, theft, or embezzlement?
 Yes No
9. Have you had a felony, misdemeanor, or similar conviction for any offense, which pertains to sexual abuse or sexual exploitation or a minor?
 Yes No
10. Are you now on probation or suspended imposition of sentence for any charges?
 Yes No
11. Do you have a record of repeated incidents of alcohol or substance abuse?
 Yes No
12. Have you ever used a name other than your true name?
 Yes No

If yes, list names: _____

13. List previous experience you have in the transportation of passengers:

14. List your employment history for the past five (5) years in the following fields:

EMPLOYMENT HISTORY

Name of Employer:	Name of Employer:
Address:	Address:
Type of Work:	Type of Work:
Dates of Employment: (From/To)	Dates of Employment: (From/To)

Name of Employer:	Name of Employer:
Address:	Address:
Type of Work:	Type of Work:
Dates of Employment: (From/To)	Dates of Employment: (From/To)

CRIMINAL RECORD FOR PAST TEN (10) YEARS

Charge:	Charge:
Place:	Place:
Date:	Date:
Sentence:	Sentence:

Charge:	Charge:
Place:	Place:
Date:	Date:
Sentence:	Sentence:

Charge:	Charge:
Place:	Place:
Date:	Date:
Sentence:	Sentence:

I, _____, being duly sworn, deposes that he/she is the individual making the foregoing application and that the answers to the foregoing application and that the answers to the foregoing questions and other statements contained in this application are true to his/her own knowledge and belief.

Signature of Applicant

Sworn to before me on this _____ day of _____, 20 _____,

(SEAL)

Notary Public

My Commission Expires: _____

APPLICANT, DO NOT WRITE BELOW THIS LINE

DRIVER PERMIT APPLICANT CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Application Complete | <input type="checkbox"/> APSIN Criminal History |
| <input type="checkbox"/> Driving History | <input type="checkbox"/> RMS City Records Check |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Driving Status Verified |

Chief of Police

Date: