

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
TAXICAB AUTHORITY
2090 E. Flamingo Road, Suite 200
Las Vegas Nevada 89104
Telephone (702)668-4000 • Fax (702)668-4001
<http://taxi.nv.gov>

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby acknowledge that I am currently employed or seeking employment with _____ as a taxicab driver.
(Name of Company)

I further acknowledge that it is necessary for the Taxicab Authority to be aware of any fact which relates to my suitability to meet the requirements as outlined in NRS 706.8841.

In order to facilitate this inquiry, I hereby authorize any law enforcement agency or any other entity having knowledge of my personal, criminal or employment history to release such information.

A photo static copy of the Authorization shall have the same force and effect as the original.

Dated this _____ day of _____, 20_____.

Signature

Witness



Nevada Department of Business & Industry