

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