



## Nevada Taxicab Authority

### State of Nevada - Business and Industry

2090 E. Flamingo Road Suite 200  
Las Vegas Nevada 89119  
Telephone (702) 668-4000 • Fax (702) 668-4001  
<http://taxi.nv.gov>

## APPLICATION FOR RENEWAL OF TAXICAB DRIVER'S PERMIT

### **RENEWAL FEE: \$10.00**

- This application must be completed in full (**no blank spaces**) before it will be accepted by the Taxicab Authority.
- **Add NO, NONE, or N/A in the appropriate space** if it does not apply to you. No errors, corrections, and *No Blank Spaces*.

TA Permit Number (if applicable):

Social Security Number:

Company Working/Referral:

EMPLOYEE

LEASE

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Date of Birth:

Place of Birth (State or Country):

Gender:

Height:

Weight:

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

----- ( Match to Drivers License ) -----

:Asian

:Black

:Hispanic

:Native American

:Pacific Islander

:White

:Other

Race:(Mark only one box)

List any marks, scars, tattoos, and amputations: (Write N/A if you do not have any)

Driver's License Number:

State:

Expiration Date:

Have you ever had a driver's license in another state?

YES

NO

If **YES**, which state(s):

(Write N/A if no other state)



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List all other names and aliases that have been use: (Write N/A if there are none)

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Can you read and orally communicate in the English language? (per NRS 706.8841)

YES NO

Are you a resident of the state of Nevada or a state that borders Clark County?  
(Arizona or California) (per NRS 706.8841)

YES NO

**IN CASE OF EMERGENCY NOTIFY:**

Name: Relationship: Phone Number:

Address:

City: State: Zip Code:

I hereby swear and affirm the the information contained herein is true.

Signature:

Date:

**\*\*\*TAXICAB AUTHORITY USE ONLY\*\*\***

**Application reviewed and accepted by Taxicab Authority Representative.**

**TA Representative Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### **CRIMINAL HISTORY STATEMENT**

#### **ATTENTION APPLICANT:**

**Convictions may NOT necessarily lead to the denial of your application.**

**Application fees paid will not be refunded in the event you are denied a taxicab drivers permit.**

**All convictions, arrests, and dispositions must be disclosed regardless of their date or location.**

By making this application, I hereby consent to an investigation of my character, reputation, employment, and criminal records. I hereby waive any claim of privilege or privacy and agree the Nevada Taxicab Authority may contact any individual, firm, or agency necessary to conduct such Investigations. Any person, firm, or agency that furnishes information about me pursuant to this consent and waiver shall not be liable for any loss or damage I may suffer by reason of the release of said information.

I hereby swear and affirm that the information contained herein is true. I further acknowledge that "ANY" false statement or omission on this application form may result in the denial of my driver's permit application (new or renewal) or revocation of my Taxicab Authority permit.

**FAILURE TO DISCLOSE YOUR COMPLETE CRIMINAL HISTORY CAN BE  
GROUNDS FOR DENIAL!**

Applicant's Signature:

Date:

#### **\*\*\*TAXICAB AUTHORITY USE ONLY\*\*\***

**Application/Background reviewed by Taxicab Authority Investigator.**

**TA Investigator Name:**

**P#**

**Date:**

**Application/Background:**

**Pass**

**Fail**



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### **CHILD SUPPORT INFORMATION**

You are required to complete this Child Support Statement and return it with your application. Failure to submit a fully completed and signed current Child Support Statement will result in the application for licensing being denied. (NRS 425.520)

#### **Choose only one of the following**

I am **not** subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and am **not** in compliance with the order of a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant Name (Printed or Typed)

SSN

Applicant Signature

Date



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### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby acknowledge that I am currently employed,  
seeking employment, or an independent driver (lease) with  
as a taxicab driver.

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 photostatic copy of the Authorization shall have the same force and effect as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_