

**NEW APPLICANT** 

# **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

### **NEW APPLICATION FOR TAXICAB DRIVER'S PERMIT**

**EXPIRED** 

**FEE: \$40.00** 

**OTHER** 

<ul> <li>This application must be of the Taxicab Authority.</li> <li>Add NO, NONE, or N/A corrections, and <i>No Blank</i></li> </ul>	in the appropriate s	<u>-</u>			
TA Permit Number (if applica	ıble):	Social Secur	rity Numbe	er:	
Company Working/Referral:					
EMPLOYEE LEAS	SE				
Last Name:	First Name:	:		Middle Initia	1:
Address:					
City:	State:			Zip Code:	
Phone Number:	Email Addre	ess:			
Date of Birth:	Place of Birth (State	or Country):			
Gender: Height:	Weight:	Hair Color:_		Eye Color:	
	( Match to Driv	ers License )			
:Asian :Black :Hi Race:(Mark only one box)	spanic :Native Amer	ican :Pacific	e Islander	:White	:Other
List any marks, scars, tattoos,	and amputations: (Wri	te N/A if you do not	t have any)		
Driver's License Number:		State:	Expiration	Date:	
Have you ever had a driver's	license in another state	e? YES	NO		
If <b>YES</b> , which state(s): (Write N	/A if no other state)				



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List all other names and aliases that have been used:(Write N/A if there are none)					
Can you read	l and orally communicate in	the English language? (pe	er NRS 706.8841)		
YES	YES NO				
	sident of the state of Nevada California) (per NRS 706.88		rk County?		
YES	NO				
IN CASE O	F EMERGENCY NOTIFY	<u>Y:</u>			
Name:	Rel	lationship:	Phone Number:		
Address:					
City:	Sta	te:	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**

### DISCLOSURE OF ARRESTS AND CONVICTIONS

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a taxicab driver applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.

# List any arrests since age 18 no matter the outcome. It is better to list **EVERYTHING** than leave something out.

As an adult have you EVER been investigated, arrested, indicted, criminally charged, or convicted of any misdemeanor, gross misdemeanor, or felony offense in this state or in any other legal jurisdiction within the United States?

ARRESTING OR DETAINING AGENCY

Yes No

A) APPROXIMATE DATE

If you have answered "Yes," please explain in detail:

CHARGE	
Didbodimon ob bentti mit	
DISPOSITION OR PENALTY	
B) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARCE	
CHARGE	
CHARGE	
CHARGE DISPOSITION OR PENALTY	



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### **CRIMINAL HISTORY STATEMENT**

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
CHAROL	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
DISTOSTITON OR TENALT I	
E) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

PLEASE PRINT ADDITIONAL SHEET(S) IF REQUIRED



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### **CRIMINAL HISTORY STATEMENT**

### **DISCLOSURE OF ARRESTS AND CONVICTIONS CONTINUED**

1.	Have you ever been placed on court probation as an adult?  Yes No
2.	Have you ever been required to register as a convicted felon?
	Yes No
3.	Have you ever been convicted of any sexual offense in this State or any other jurisdiction within the United States at any time before this application?
	Yes No
4.	Have you ever been required to register as a sex offender in this State or any other jurisdiction within the United States?
	Yes No
5.	Have you ever been arrested for a D.U. I. offense (drugs and/or alcohol) in Nevada and/or any other jurisdiction within the United States?
	Yes No
6.	Have you ever had your driver's license canceled, suspended, revoked, or expired?
	Yes No
7.	Have you been cited, arrested, and/or convicted of any criminal offenses since submitting your last driver's permit application?
	Yes No



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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 CRIMMIAL HISTORY CAN BE GROUNDS FOR DENIAL!

***TAXICAB AU	THORITY USE ONLY	Y***
Application/Background revie	ewed by Taxicab Author	rity Investigator.
TA Investigator Name:	<b>P</b> #	Date:
Application/Background: Pass	Fail	

Date:

Applicant's Signature:



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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 driv	ver (lease) with
as a taxicab driver.	
I further acknowledge that it is necessary for	r the Taxicab Authority to be aware of any fact
which relates to my suitability to meet the re	equirements as outlined in NRS 706.8841.
In order to facilitate this inquiry, I hereby au	thorize any law enforcement agency or any other
entity having knowledge of my personal, cri	minal, or employment history to release such
information.	
A photostatic copy of the Authorization shall	Il have the same force and effect as the original.
Signature:	Date:



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### MANDATORY FOUND PROPERTY REPORTING

AC 706.551 Drivers and Independent contractors: Search of vehicle after trip; disposition of property found. (NRS 706.8818,706.88181) Each driver and independent contractor shall conduct a search of the interior of his or her taxicab at the termination of each trip. If the driver's or independent contractor discovers any property of a passenger in the taxicab, the driver of independent contractor shall immediately report the property discovered to the driver's employee or the certificate holder, as applicable. The employer or certificate holder shall maintain the property in his or her possession and dispose of the property in the manner provided by law. (Added to NAC by Taxicab Auth. By R064-02, eff. 7-31-2002; A by R003-16, 12-21-2016)

Initial

The following procedures Must Be Followed at ALL TIMES in regard to lost/found property by passengers.

Pursuant to Nevada Administrative Code (NAC) 706.551 Drivers: Search of vehicle after trip; disposition of property found.

#### 1. Search Vehicle After Each Trip

Each driver shall conduct a search of the interior of his taxicab at the termination of each trip. If the driver discovers any property of a passenger in the taxicab,

### 2. Immediately Report Item to Employer

The driver shall immediately report the property discovered to his employer and,

### 3. Turn in Any & All Lost Property

As soon as practicable, deliver the property to his employer. The employer shall maintain the property in his possession and dispose of the property in the manner provided by law.

In addition to NAC 706.551, all drivers will adhere to Clark County Ordinance 15.16.010

- A. Search. The driver of any taxicab shall make reasonable search of the interior of the taxicab at the termination of each trip.
- B. Report of items found, all taxicab drivers shall make immediate report to the offices of their employers on the finding any package, article, baggage, or goods of any kind, left in the taxicabs of which they are in charge, and as soon as possible thereafter, turn any such item so found over to their employers, who in turn shall report the same to the Las Vegas Metropolitan Police Department. The employers of said taxicab drivers shall retain possession of said property in safe keeping to be disposed of pursuant to applicable law.



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### MANDATORY FOUND PROPERTY REPORTING

This original form will be signed and dated; it will remain in the Driver's NV Taxicab Authority Personnel File.

All Drivers are expected to adhere to these procedures, to eliminate the liability and/or prosecution of theft, pursuant to NRS 205.0832.

# APPLICANT: Print Name TA Permit Number Signature Date



As an applicant who is the subject of a national fingerprint-bsed criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be notified by <u>Taxicab Authority</u> (name of requesting agency) that your fingerprints will be used to check the criminal history records of the FBI and State of Nevada.
- Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/ biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/ or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/ or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/ biometrics in NGI after the completion of this application and while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/ biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record. the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

	Applicant:	
 5 4	 Initial	Date

- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from the agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the fingerprint-cased criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
- I hear by authorize <u>Taxicab Authority</u> (name of requesting agency), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
- I hereby release from liability and promise to hold harmless under any and all causes of legal action, the state of Nevada, its officer(s), agent(s) and/ or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omissions(s), or infringements(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:			
PLEASE PRINT	Last Name	First Name	Middle
A			
Applicant's Signature: _			
Date:			
Agency Account #	880143		4
		7.	1 Ru
Agency Representative: _	Interim Administrato	or Todd Park	
Agency Representative: _			
Date:			