

**APPLICATION FOR CITY CHAUFFEUR'S LICENSE
CITY OF SUFFOLK, VIRGINIA**

CAUTION: Any willful omission or misrepresentation of facts on this application may be grounds for rejection of your application.

NAME: _____ Telephone Number: _____
 (First) (Middle) (Last)

Other Names Used: (Nicknames, Aliases, Maiden name, former names legally changed or otherwise)

Present Address: _____ City _____ State _____

Age: _____ Sex: _____ Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

Date of Birth: _____ Place of Birth: _____ SS #: _____

Virginia Driver's License Number: _____ Expiration Date: _____

List your addresses for the past five years. If you have served in the Armed Forces, list your duty stations while in the military. Start with you present address and work back.

From/To	Address	City	State

Start with your present employer and work back for the past five years. Include periods of unemployment. Fill out completely.

From/To	Employer	Address	Position Held

(Circle Yes or No)

Do you have any physical disorder? Yes / No

Do you have any mental or psychiatric problem? Yes / No

Do you have any nervous condition? Yes / No

Do you have any addiction to any narcotic drug? Yes / No

Do you have any alcoholic drinking problem? Yes / No

If the answer to any of the above is “Yes” explain below, in detail, giving dates, nature of problem, persons consulted and treatment given.

Have you ever been convicted in any court of law of any criminal charge whether felony or misdemeanor? Yes / No

Have you ever been arrested and charged with any criminal offense? Yes / No

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act? Yes / No

Have you ever been required to furnish bail or bond for any appearance in any court of law? Yes / No

Have you ever received a traffic summons for any violation of traffic laws? Yes / No

Has your license ever been suspended or revoked? Yes / No

If the answer to any of the above questions is “yes”, explain below in detail. Give date, place, charges, and final dispositions in each case:

Date	Place	Charge	Final Disposition

Have you previously been employed as a chauffeur? Yes / No

AFFIDAVIT

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR A CITY CHAUFFEUR'S LICENSE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NEITHER WITHHELD NOR MISREPRESENTED ANY FACTS CONTAINED HEREIN. I AUTHORIZE THE SUFFOLK POLICE DEPARTMENT AND IT'S AGENTS TO CONDUCT A COMPLETE AND COMPREHENSIVE INVESTIGATION INTO MY BACKGROUND FOR THE PURPOSES OF DETERMING MY FITNESS FOR SERVICE AS A CHAUFFEUR. I ALSO UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR REJECTION OF MY APPLICATION.

DATE: _____

(APPLICANT'S SIGNATURE IN FULL)

Before me, a Notary Public, in and for the City of _____, Commonwealth of Virginia, personally appeared, this date, above applicant _____ who, being duly sworn, does state upon oath and penalties of perjury, that the above statements consisting of _____ pages, so numbered and initialed by him/her are true to the best of his/her knowledge and belief.

DATE: _____

NOTARY

My commission expires: _____

My registration number: _____