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)----------

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)

List any marks, scars, tattoos, and amputations:(Write N/A if there are none)

_____

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

_____

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IN CASE OF EMERGENCY NOTIFY:

Name:_____ Relationship:_____ Phone Number:_____

Address:_____

City:_____ State:_____ Zip Code:_____

ATTENTION APPLICANT:

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

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.

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.

Signature:_____ Date:_____

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

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Criminal History Disclosure Form and Authorization For Release Of Information

Name: _____ **Permit #:** _____

DISCLOSURE

I understand that NRS 706.8841 requires that I disclose my criminal history, if any, that may include detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. I understand that I am required to disclose this information unless specifically exempted by state or federal law, and that I may consult with an attorney prior to omitting any information. I also understand that any consent and/or waiver of any privilege as given in my original application packet applies here upon my signature below.

AUTHORIZATION FOR RELEASE OF INFORMATION

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.

I hereby attest to the following:

☐ **I have NO new criminal charges or convictions to list since the date of my last visit.**

I hereby swear and affirm that my criminal history disclosure contained herein is true and complete. I further acknowledge that "ANY" false statement or omissions on this application form may result in the denial of my driver's permit application.

Signature_____ Date _____

☐ **YES, I have new criminal charges or convictions to list since the date of my last visit.**

I hereby swear and affirm that my criminal history disclosure contained herein is true and complete. I further acknowledge that "ANY" false statement or omissions on this application form may result in the denial of my driver's permit application.

Signature_____ Date _____

APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

PLEASE ASK FOR ADDITIONAL SHEET(S) IF REQUIRED

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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.
(Court has not told me to pay for a child)

☐ I am subject to a court order for the support of one or more children and I 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.
(Court has told me to pay for a child and I am current in my payments)

☐ I am subject to a court order for the support of one or more children and I 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.
(Court has told me to pay for a child and I am NOT current in my payments)

Applicant Name (Printed or Typed) SSN

Applicant Signature Date