



SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

Application for Taxi Cab Operators Permit

(Please print)

Full Name: _____

Home Address: _____

City/Town / State/ Postal Code: _____

Date of Birth: _____

Social Security Number: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Drivers License Number: _____ State: _____

Home Phone : _____

Cell Number: _____

Taxi Company you will drive for: _____

Automobile Insurance Company Name: _____

Policy Number: _____

Agent Name and Phone Number: _____

If substituting as a Driver which Taxi Owner/Operator will you be driving for:



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AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, am an applicant for a **Taxi Cab Driver Permit** with the Salisbury Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Salisbury. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions, consumer reporting agencies, doctors and any other persons, institution or organization and all governmental agencies and instrumentality's (local, state, federal and foreign); wherever said individuals or organizations are situated, to release to the Chief of Police of Salisbury, or any representative thereof, any document, information record or file that he deems material to processing my application for **Taxi Cab Driver Permit**. Said information can be furnished if the request thereof is made in person or in writing.

Further, I release all said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief of Police or his representatives, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his representatives as my agent for the purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

AFFIDAVIT OF (FULL NAME PRINTED) _____

I, the undersigned, being duly sworn, deposes and says as follows:

I am the person who executed the above authorization; I understand its meaning, intention and effect and that the statements therein are true and correct. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE (IN FULL): _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 200____

SIGNATURE OF NOTARY:

My commission expires: _____