



Municipality of Skagway Chauffeur's Permit Application



Application will be accepted Monday – Friday 8am-4pm only
No exceptions

Please print neatly or type

1. NAME: _____
LAST FIRST MIDDLE

2. DATE OF BIRTH: _____ 3. SEX: _____ 4. HEIGHT: _____ 5. WEIGHT: _____

6. EYE COLOR: _____ 7. HAIR COLOR _____ 8. PLACE OF BIRTH: _____
CITY STATE

9. ARE YOU A U.S. CITIZEN? YES NO IF NO INDICATE DATE OF NATURALIZATION: _____

10. ADDRESS: (LOCAL STREET AND P.O. BOX #s ONLY)

PHYSICAL: _____

MAILING: _____

11. LOCAL PHONE NUMBERS: _____
HOME WORK CELL

12. DID YOU HAVE A SKAGWAY CHAUFFEUR'S PERMIT LAST YEAR? YES NO PERMIT # _____

13. COMPANY YOU WILL BE DRIVING FOR: _____

14. WILL EMPLOYER BE PAYING FOR CHAUFFEUR PERMIT? YES NO
IF YES, EMPLOYER MUST NOTIFY THE POLICE DEPARTMENT, IN WRITING PRIOR TO ISSUANCE OF PERMIT

15. ALASKA DRIVERS LICENSE NUMBER: _____

16. LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED AS A DRIVER:

17. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, PLEASE LIST THE STATE OR STATES, IN WHICH YOU WERE SUSPENDED OR REVOKED AND THE REASON FOR THE SUSPENSION OR REVOCATION:

18. LIST ALL LICENSES HELD FOR THE PURPOSE OF PUBLIC TRANSPORTATION:

CITY STATE YEARS HELD

CITY STATE YEARS HELD



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21. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE INDICATE THE DATE, CHARGE, LOCATION AND DISPOSITION:

22. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR: YES NO IF YES, PLEASE INDICATE THE DATE, CHARGE, LOCATION AND DISPOSITION:

23. LIST ALL TRAFFIC VIOLATIONS FOR THE LAST THREE YEARS. PLEASE INCLUDE THE DATE, TYPE OF VIOLATION, LOCATION AND DISPOSITION:

24. ARE THERE PRESENTLY ANY OUTSTANDING TRAFFIC CITATIONS FOR WHICH YOU HAVE FAILED TO APPEAR ON OR THAT FINAL DISPOSITION IS PENDING: YES NO IF YES, PLESAAE LIST THE DATE, AND TYPE OF VIOLATION, CITY AND STATE AND CURRENT STATUS:

25. DO YOU HAVE ANY DRUG OR ALCOHOL ADDICTION PROBLEMS? YES NO

26. ADDITIONAL SPACE FOR EXPLANATIONS: (PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK)



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*****ATTACH A PHYSICIAN'S REPORT CERTIFYING YOU ARE FREE OF ANY PHYSICAL OR MENTAL DISABILITIES OR DISEASES THAT WOULD AFFECT YOUR ABILITY TO OPERATE A MOTOR VEHICLE USED FOR THE PURPOSE OF TRANSPORTATION OF THE PUBLIC.**

*****ATTACH A COPY OF DRIVER HISTORY FOR THE LAST THREE YEARS.**

I UNDERSTAND ANY FALSE STATEMENTS, OMITTANCES, OR MISREPRESENTATION SHALL RESULT IN THE DENIAL OR REVOCATION OF MY CHAUFFEUR'S PERMIT. ** FURTHER, I CERTIFY UNDER PENALTY OF LAW THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE _____ DATE _____

** ALASKA STATUTE 11.56.210 "UNSWORN FALSIFICATION", MAKES IT A CLASS A MISDEMEANOR OFFENSE TO, "WITH INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF DUTY, THE PERSON SUBMITS A FALSE WRITTEN OR RECORDED STATEMENT WHICH THE PERSON DOES NOT BELIEVE TO BE TRUE IN AN APPLICATION FOR A BENEFIT; OR ON A FORM BEARING NOTICE, AUTHORIZED BY LAW, THAT FALSE STATEMENTS MADE IN IT ARE PUNISHABLE".

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

COMMENTS/REMARKS:

APPROVED

DENIED

SIGNATURE _____ DATE _____
(CHIEF OF POLICE OR DESIGNEE)