



# CITY OF FAIRBANKS

(DATE STAMP)

## CHAUFFEUR LICENSE APPLICATION

800 Cushman Street, Fairbanks, AK 99701  
(907) 459-6702 | cityclerk@ci.fairbanks.ak.us

TYPE OF LICENSE: NEW  RENEWAL  FEES DUE/COLLECTED: \_\_\_\_\_

Name:		Other Name(s)Used:	Year(s) of Name Change:
Physical Address:		Home Phone:	
City, State, Zip:		Work/Cell Phone:	
Mailing Address:		AK Driver's License No:	
City, State, Zip:		E-mail Address:	
Date of Birth:	SSN:	Place of Birth:	

**Application Requirements**

**\$75.00 Non-Refundable Application Fee for New Applications and Renewals**  
**\$100.00 Biennial License Fee for New Applications and Renewals**  
**Complete Application, Including Authorization to Obtain Criminal History Record**  
**Copy of Current State of Alaska Driver's License**

**Length of Residency**

Length of Alaska Residency in Consecutive Years \_\_\_\_\_ Length of FNSB Residency in Consecutive Years \_\_\_\_\_  
 If you are not a FNSB resident, where do you currently hold residency? \_\_\_\_\_ How long? \_\_\_\_\_

**Previous Address(es)**

Previous City and State of residence, other than Fairbanks, for the past 8 years:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Employment**

Cab Company Applying To or Employed By: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Employment Began or Will Begin: \_\_\_\_\_ Phone: \_\_\_\_\_

### Record of Conviction(s)

**PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS**

<b>Within the past 24 months, have you had a conviction for any of the following?</b>	<b>YES</b>	<b>NO</b>
<input type="checkbox"/> Any offense which resulted in the suspension or revocation of your driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reckless or negligent driving?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driving while license is canceled, suspended, revoked or in violation of a limitation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Within the past 5 years (or within the past 8 years if a felony conviction), have you received a conviction for either of the following?</b>		
<input type="checkbox"/> Driving a vehicle while intoxicated?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refusing to submit to a chemical test as defined in AS 28.35.032?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Within the past 8 years have you had a felony conviction or within 4 years a misdemeanor conviction for any of the following?</b>		
<input type="checkbox"/> Prostitution or promotion of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Any offense involving a controlled substance under AS Title 11, Chapter 71 or the laws of another jurisdiction having substantially similar elements?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Assault?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Burglary, felony theft, fraud or embezzlement?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Any sexual offense?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Any homicide or assault involving operation of a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Two separate felony convictions of any type?	<input type="checkbox"/>	<input type="checkbox"/>
Are you subject to the registration requirement of AS 12.63 (sex offender or kidnapper)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any delinquent City criminal or traffic fines or fees?	<input type="checkbox"/>	<input type="checkbox"/>

An Answer of **YES** to any of the above questions regarding your criminal history and/or driving record is grounds for denial of a Chauffeur License. Please explain on a separate sheet of paper any convictions that meet the look-back criteria as noted above; including charges, places, dates, and sentences imposed. An Applicant may have the right to appeal a denial by the City Clerk after submission of a completed application and payment of the application fee. An Appeal Form can be obtained at the City Clerk's Office. See FGC Section 86-95 to determine if you are eligible for an appeal.

### Citizenship Status

Are you a natural born or fully naturalized citizen of the United States? \_\_\_\_\_

If not, where did you obtain a permit or visa? \_\_\_\_\_

Date of entry into the United States: \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

The Fairbanks General Code (FGC) is attached to this application for your convenience, but is the responsibility of the applicant to understand and comply with the requirements. By signing the Oath below, the applicant acknowledges having read and understood FGC Secs. 86-76 through 86-96. Questions regarding the responsibilities of the applicant should be asked prior to issuance of the license.

**Please make all necessary copies for your records before submission of your application to the City Clerk's Office.** There will be a per page charge for any copying requested in accordance with FGC Sec. 2-775. Thank you in advance for your cooperation.

The City Clerk's Office may require 24 hours to process applications and does not accept licensing applications after 4:00 PM. Hours of operation are Monday through Friday, 8:00 AM to 5:00 PM. The City of Fairbanks observes national and state holidays.

## Applicant's Statement for Chauffeur License and Authorization Statement for Criminal History Record Check

I, \_\_\_\_\_, being first duly sworn, depose and state that I am the individual making application for licensure and that the answers to the foregoing questions and other statements contained herein are true and complete to the best of my knowledge. I understand that any materially false information provided on or with this application may be grounds for revocation, suspension or denial of a license.

I **certify** that I am at least 21 years of age or older; that I can read, write, and speak the English language; that I am not addicted to the use of intoxicants or narcotics; that I have been a resident within the Fairbanks area for a minimum of 30 days immediately prior to this application, that I am not subject to the registration requirements of AS 12.63 (sex offender or kidnapper); that I have read and understand FGC Sections 86-76 through 86-96; and that I understand the requirements for licensure.

Further, I hereby authorize the City of Fairbanks to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information may include, but may not be limited to, allegations regarding and convictions for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

As an applicant for a chauffeur license, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the license for which I am making application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for the State of Alaska  
My Commission Expires: \_\_\_\_\_

(SEAL)

### Administrative Use Only

Approved By:	Date:
Denied By:	Date:
Reason for Denial:	

For additional information and/or forms, please visit the City of Fairbanks website at [www.fairbanksalaska.us](http://www.fairbanksalaska.us).