

Jonesboro Police Department
Taxicab Operator Application Ord. 42-82

Full Name: _____

Date of Birth: _____

Home Address of Applicant: _____

Fingerprint Card Submitted to State – Date: _____

One copy for submission to state

One copy for PD application file

Fingerprint Card Return – Date: _____

Photo of Driver – (3x5 or larger)

One copy for applicant

One copy for PD application file

Copy of current valid drivers license

Copy of vehicle insurance - coverage for minimum of 6 months

Copy of Criminal History

Application Approved Date _____

Application Denied Date _____

Notified by regular mail within 10 days if application is denied or delayed.

Officer Signature