



CITY OF HARRISONBURG
POLICE
DEPARTMENT

POLICE CHIEF KELLEY WARNER
101 NORTH MAIN STREET, HARRISONBURG, VA 22802
OFFICE: (540) 437-2600
FAX: (540) 437-2691
WWW.HARRISONBURGVA.GOV/POLICE

APPLICATION FOR TAXICAB DRIVER'S LICENSE

Taxicab Company Name _____
Date _____
License # _____

Application is hereby made to the City of Harrisonburg Police Department for issuance of a taxicab driver's license, pursuant to the ordinances of the City of Harrisonburg and laws of the State of Virginia. As part of this application the taxi company Owner is providing a copy of my Background investigation and Driver's Transcript issued from the Virginia Department of Motor vehicles. The background check must be from an accredited member of the National Association of Professional Background Screeners. I understand that the information released is for official use by the City of Harrisonburg for the sole purpose of determining my eligibility to be issued a Taxi Cab License and may be disclosed to other persons only as necessary to determine my eligibility.

I understand that failure to provide all or part of the information may result in my disqualification for a Taxi License. This release shall be effective on the date of its execution and expire upon completion of my background investigation.

Investigation of application

Shall be in accordance with City Ordinance 14-1-32.

I have read the City Ordinance 14-1-32 and am not barred by that ordinance from having a Taxi drivers license.

PLEASE PRINT CLEARLY

GENERAL INFORMATION

Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ Social Security # _____

Date of Birth: _____ State of Birth: _____ Country of Birth: _____

Driver's License # _____ State of Issuance: _____ Expiration Date: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Gender: Male: _____ Female: _____ Race: _____

Phone: _____ Cell: _____ Work: _____

Have you had a Harrisonburg Taxi License in the Past?

No Yes IF YES, YEAR: _____ LICENSE # _____



CITY OF HARRISONBURG
POLICE
DEPARTMENT

POLICE CHIEF KELLEY WARNER
101 NORTH MAIN STREET, HARRISONBURG, VA 22802
OFFICE: (540) 437-2600
FAX: (540) 437-2691
WWW.HARRISONBURGVA.GOV/POLICE

INVESTIGATION

In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, the Applicant agrees to immediately notify the Harrisonburg Police Department and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

CONFIDENTIAL EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

The undersigned, _____, hereby authorizes Harrisonburg Department Police to provide information about his or her employment to _____, Harrisonburg Virginia.

Information to be appropriately released may include:

- DMV record (must provide with application)
- National background check (must provide with application)

Any information acquired by _____ under this authorization shall be for their confidential use.

The undersigned Licensed Taxi Cab Driver, to the extent permitted by law, hereby releases The Harrisonburg Police Department from any and all liability resulting from the release of the aforesaid information. This Release covers all injuries, damages, and claims whether known or not and which may hereafter appear or develop, arising from the providing of such information as authorized above. Specifically, the undersigned agrees to release and hold harmless The Harrisonburg Police Department, its agents or employees from any and all claims resulting from or due to the release of the requested information arising under: State Civil Rights Statutes; breach of contract; interference with contractual relations; unintentional misrepresentation; defamation; any violation of a State or the Federal constitution; invasion of privacy; or any federal or state violation or cause of action including the undersigned's individual employment contract, whether currently in effect or previously in effect.

CERTIFICATION

(This statement must be signed)

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for the City of Harrisonburg not issuing a taxicab license or for revoking a license once it has been issued. I understand that I will be required to successfully complete a physical examination and a drug test. I understand that my driving record will be checked as well as a national background check.

SIGNATURE

DATE

Required with application:

2 Recent photographs 2.5 x 3.5 inches

National Background Check

DMV Record

AFTER submitting application form, Payment of the Application Fee (to be paid at the treasurer's office)



For reference:

Sec. 14-1-32. - Requirements for taxicab owners; mandatory background screening.
new

(a)

Before authorizing an individual to act as taxicab driver, the owner shall confirm that the person is at least twenty-one (21) years old and possesses a valid Virginia driver's license.

(b)

Before authorizing an individual to act as a taxicab driver, and at least once every two (2) years upon renewal of the driver's taxicab drivers license, the owner shall obtain a national criminal history records check of that person. The background check shall include (i) a multi-state/multi-jurisdiction criminal records database search or a search of a similar nationwide database with validation (primary source search) and (ii) a search of the Sex Offender and Crimes Against Minors Registry and the U.S. Department of Justice's National Sex Offender Public Website. The person conducting the background check shall be accredited by the National Association of Professional Background Screeners or a comparable entity approved by HPD.

(c)

Before authorizing an individual to act as a taxicab driver, and at least once every two (2) years upon renewal of the driver's taxicab drivers license, the owner shall obtain and review a driving history research report on that person from the Virginia Department of Motor Vehicles.

(d)

An owner shall not authorize an individual to act as a taxicab driver if the criminal history records check required under subsection (b) reveals that the individual:

(1)

Is a person for whom registration with the Sex Offender and Crimes Against Minors Registry is required pursuant to [Chapter 9](#) (§ 9.1-900 et seq.) of Title 9.1 or is listed on the U.S. Department of Justice's National Sex Offender Public Website;



CITY OF HARRISONBURG
POLICE
DEPARTMENT

POLICE CHIEF KELLEY WARNER
101 NORTH MAIN STREET, HARRISONBURG, VA 22802
OFFICE: (540) 437-2600
FAX: (540) 437-2691
WWW.HARRISONBURGVA.GOV/POLICE

(2)

Has ever been convicted of or has ever pled guilty or nolo contendere to a violent felony offense as listed in subsection C of § 17.1-805, or a substantially similar law of another state or of the United States;

(3)

Within the preceding seven (7) years has been convicted of or has pled guilty or nolo contendere to any of the following offenses, either under Virginia law or a substantially similar law of another state or of the United States: (i) any felony offense other than those included in subdivision 2; (ii) an offense under § 18.2-266, 18.2-266.1, 18.2-272, or 46.2-341.24; or (iii) any offense resulting in revocation of a driver's license pursuant to § 46.2-389 or 46.2-391; or

(4)

Within the preceding three (3) years has been convicted of or has pled guilty or nolo contendere to any of the following offenses, either under Virginia law or a substantially similar law of another state or of the United States: (i) three (3) or more moving violations; (ii) eluding a law-enforcement officer, as described in § 46.2-817; (iii) reckless driving, as described in Article 7 (§ 46.2-852 et seq.) of Chapter 8; (iv) operating a motor vehicle in violation of § 46.2-301; or (v) refusing to submit to a chemical test to determine the alcohol or drug content of the person's blood or breath, as described in § 18.2-268.3 or 46.2-341.26:3.

(Ord. of 4-26-22)