

THE REGIONAL MUNICIPALITY OF NIAGARA POLICE SERVICES BOARD

FORM 1 APPLICATION FOR DRIVER LICENCE

TAXICAB ___ TOWING ___ SIGHTSEEING ___ SPECIALTY ___ CALECHE ___ SHUTTLE

For an initial application, complete entire form.
For a renewal application, complete sections 1, 3, 4, 13, 14, 15, 16, 17 & 18.- sign and date

1. SURNAME _____ FIRST NAME _____ MIDDLE INITIAL _____

2. MAIDEN OR OTHER NAME _____ 3. TELEPHONE _____

4. ADDRESS _____
CITY _____ POSTAL CODE _____

5. DATE OF BIRTH _____ 6. PLACE OF BIRTH _____

(If born outside Canada please provide proof of Citizenship, Landed Immigrant status or valid work permit)

7. ONT. DRIVERS LICENCE NO. _____ 8. CLASS OF ONT. DRIVERS LICENCE _____

9. HEIGHT _____ 10. WEIGHT _____ 11. HAIR COLOUR _____ 12. EYE COLOUR _____

13. EMPLOYER _____

14. Have you ever been convicted of an offence under the Criminal Code of Canada for which you have not been granted a Pardon? If so, list offences and approximate dates of convictions.

15. Have you ever been convicted of an offence under the Controlled Drugs & Substance Act for which you have not been granted a Pardon? If so, list offences and approximate dates of convictions.

16. Has the Regional Municipality of Niagara Police Services Board ever refused to grant a driver's licence to you, or have you had such a licence suspended or revoked? If so, list details.

17. Have you ever been convicted of an offence contravening the Niagara Police Services Board Licensing By-law? If so, list details.

18. Has your Ontario Driver's Licence been suspended for any reason within the last five years? If so, list details.

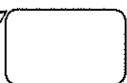
19. I understand that making a false statement in this application could result in a refusal to issue a licence, or in suspension or revocation of a licence at a later date.

20. I hereby authorize the Niagara Regional Police Service to release to The Regional Municipality of Niagara Police Services Board any and all particulars of my criminal record and my driving record.

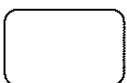
21. In consideration of the release of the information by the Niagara Regional Police Service, I hereby release and forever discharge the Niagara Regional Police Service and all of its members for damages or for loss or injury arising out of the release of information relating to my criminal record and my driving record which may hereafter be sustained by me.

22. I certify that the above information is true to the best of my knowledge, information and belief.

DATE _____ SIGNATURE _____



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D/L

