

## Chauffeur's License Requirements:

- 1) Fill out a chauffeur's license application
- 2) Provide a "City of Cordova Commercial Vehicle Inspection Sheet"
  - Must be completed by a certified mechanic or the Police Department
- 3) Provide proof of owning a current City business license
- 4) Provide proof of current background check performed through Alaska State Troopers (application available in forms; CPD will be authorized to conduct these early 2017)
- 5) Provide a Driving Record from DMV. Records can be obtained locally or online through State's DMV website (NOTE: Only DMV can give out driving records).
- 6) Provide proof of having a physical within the past 30 days. Physicals may be obtained locally through CCMC or Ilanka Clinic - just tell them you need a DOT medical exam.
- 7) All documents must be turned in to CPD for approval by the Chief of Police
- 8) **If you are approved:**
  - You will be called into Dispatch to have a photo ID made
  - We will issue your Chauffeur license number
  - Pay Fees:
    - \$35.00 for Chauffeur's License (Full calendar year)
    - \$20.00 for License (any license issued after July 1<sup>st</sup>)
- 9) **If you are not approved:**
  - The Chief of Police will explain as to why the application was not approved.

Want more info? Check CMC6.24.010 - CMC6.24.140

Within Public Safety forms and included in this link:

Matrix

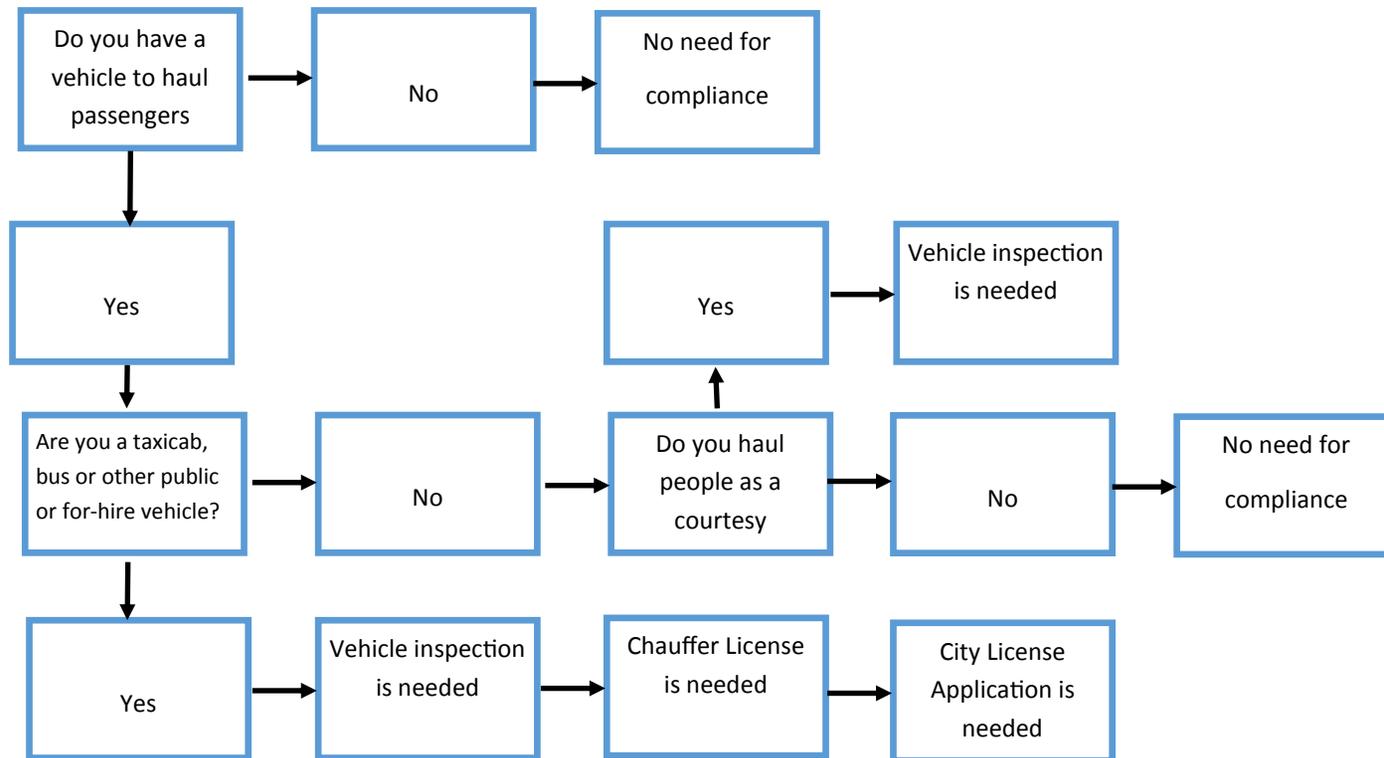
Chauffeur License Requirement List

Chauffeur License Application

Vehicle Inspection Sheet

AWT Background Check request

# City of Cordova 'For Hire' Vehicle and Chauffer license matrix



**CORDOVA DEPARTMENT OF PUBLIC SAFETY  
CHAUFFEUR'S LICENSE  
APPLICATION**

I, \_\_\_\_\_, hereby make application for a license to operate a motor  
vehicle within the City Limits of Cordova as prescribed by the City Ordinances of Cordova.

PLEASE PRINT

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Are you familiar with the Ordinances relating to traffic laws within the City of Cordova?  YES  NO
  
2. Do you have any illness or physical restrictions that would affect your ability to drive a motor vehicle?  YES  NO
  
3. Date of Birth: \_\_\_\_\_ Sex:  F  M  
SSN: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Physical Address/Box #: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Previous Driver's License State(s): \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Current Alaska Driver's License #: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Prospective Employer: \_\_\_\_\_
  
4. City Business License Number: \_\_\_\_\_
  
5. Proof of Insurance:  YES  NO
  
6. Vehicle Inspection Completed By \_\_\_\_\_ Date: \_\_\_\_\_
  
7. Vehicle to be used:  
MAKE: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
VIN: \_\_\_\_\_

List all traffic offenses within seven years and list all criminal violations on Page 2 of this application.

I hereby agree that for good cause, my City Chauffeur's License may be cancelled by the City of Cordova in accordance with the City Ordinances.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**CORDOVA DEPARTMENT OF PUBLIC SAFETY  
CHAUFFEUR'S LICENSE  
APPLICATION**

**TRAFFIC OFFENSES (LAST 7 YEARS):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

**CRIMINAL VIOLATIONS (ALL):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

***OFFICIAL USE ONLY:***

Alaska License Number: \_\_\_\_\_  
City License Number: \_\_\_\_\_  
Date License Issued: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Chief of Police or Officer

**CITY OF CORDOVA COMMERCIAL VEHICLE INSPECTION SHEET**

NAME OF CERTIFIED MECHANIC COMPLETING INSPECTION: \_\_\_\_\_

BUSINESS/EMPLOYER OF CERTIFIED MECHANIC: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

VEHICLE: \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

MODEL: \_\_\_\_\_

PLATE #: \_\_\_\_\_

1	BRAKES: PARKING & EMERGENCY
2	DOORS: OPEN & CLOSE PROPERLY
3	EXHAUST SYSTEM
4	FUEL: GAS, TANK, LEAKS
5	FRAME: CRACKED OR LOOSE, ACCESSORIES
6	HEATER, DEFROSTER, REAR WINDOW DEFOGGER
7	HORN
8	LICENSE PLATES: TWO W/CURRENT TABS PROPERLY AFFIXED
9	LIGHTS: HEADLIGHTS W/HIGH & LOW BEAMS, STOP OR BRAKE LIGHTS TURN SIGNALS, TAILLIGHTS, BACKUP LIGHTS, LICENSE PLATE LIGHTS
10	MIRRORS: LEFT SIDE (OUTSIDE) & EITHER INSIDE CENTER MIRROR OR RIGHT SIDE (OUTSIDE)
11	SEATBELT & CHILD RESTRAINT DEVICE: VEHICLE MADE AFTER 1/1/65 REQUIRES LAP BELT ONLY; VEHICLE MADE AFTER 1/1/68 REQUIRES LAP BELT & HARNESS
12	STEERING
13	SUSPENSION: LOOSE U-BOLTS, LOOSE SPRING HANGARS, BROKEN MAIN LEAF, BROKEN TORQUE ARMS, AXLE POSITION
14	TIRES: EXPOSED TIRE FABRIC, TIRE 2/32 TREAD, FLAT TIRE, SIDEWALL BUMP OR BULGE, INFLATION
15	VEHICLE REGISTRATION: CURRENT & IN THE VEHICLE
16	WHEELS: CRACKS OR REPAIRS, MISSING/LOOSE STUDS OR NUTS
17	WINDOWS: INTACT
18	WINDSHIELD/WIPERS: CRACKED WINDSHIELD, WIPERS

**MISCELLANEOUS:**

19	EMERGENCY EQUIPMENT: FIRE EXTINGUISHERS
20	UNSECURED ITEMS IN VEHICLE WHICH COULD SPILL, FALL OR INJURE DRIVER OR PASSENGERS DURING QUICK STOP
21	WARNING DEVICES: FLARES, FUSES, TRIANGLES

\_\_\_\_\_  
SIGNATURE OF CERTIFIED MECHANIC

\_\_\_\_\_  
SIGNATURE OF OWNER OF VEHICLE

"I CERTIFY THAT THE ABOVE VEHICLE WAS INSPECTED BY  
ME & IS IN GOOD MECHANICAL CONDITION."

**STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR CRIMINAL JUSTICE INFORMATION  
From the Alaska Criminal History Record Repository**

*Original forms must be submitted to:*  
Criminal Records and Identification Bureau  
5700 E. Tudor Road, Anchorage, AK 99507  
Telephone: (907) 269-5767 Fax: (907) 269-5091  
Include fee: \$20 single copy, \$5 each additional copy  
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (from the record subject): (Choose ONE)

1. Criminal Justice Information available **only to the SUBJECT**
- This report includes all criminal charges and dispositions, including any sealed record.
  - If the record subject has a sealed record this box **MUST** be checked
2. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**
- This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
3. Criminal Justice Information available to an **INTERESTED PERSON**
- This report includes all criminal charges and dispositions, excluding sealed records

*A check or money order payable to the State of Alaska in the amount of \$20 must accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

**Subject Name:** \_\_\_\_\_  
**Maiden/Alias name(s):** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Alaska Drivers License #:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** -Male Female **Soc Sec No.** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Msg:** \_\_\_\_\_

**MAILING ADDRESS TO SEND REPORT:**

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
 If you would like the record faxed to you, provide a Fax Number: \_\_\_\_\_

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**  
I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

\_\_\_\_\_  
**Record Subject's Signature** **Date**

<b>Criminal Records and Identification Bureau Use Only</b>	
<input type="checkbox"/> Fee Payment Type _____	<input type="checkbox"/> Report Sent to Subject _____
<input type="checkbox"/> Fee Waiver/Authorization _____	<input type="checkbox"/> Report Sent to Requester _____
<input type="checkbox"/> OCA Number _____	<input type="checkbox"/> R&I Staff initials _____

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03

Revised 2/24/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 6/13/05