BOISE CITY

COMMERCIAL TRANSPORTATION SERVICE DRIVER LICENSE

LICENSE APPLICATION

OFFICE USE ONLY

DATE _____ **CITY LICENSE #** _____

❑ **NEW** ❑ **RENEWAL**
❑ **IDAHO DRIVER'S LICENSE (COPY)**
❑ **FINGERPRINTS**

D.O.T. MEDICAL EXP. DATE _____

NON REFUNDABLE FEES:

LICENSE	$ 37.00	PROCESSING FEE	$ 1.50
FINGERPRINTS	$ 42.00		
PHOTO	$ 5.00	**TOTAL FEES DUE**	_____

Do you have any outstanding criminal charges pending against you? ❑ **YES** ❑ **NO**
IF YES, STOP HERE. You Must speak to a License Enforcement personnel before completing this application.

EACH NEW APPLICANT FOR A COMMERCIAL TRANSPORTATION SERVICE DRIVER LICENSE SHALL SUBMIT WITH THE APPLICATION A CURRENT DEPARTMENT OF TRANSPORTATION (D.O.T.) MEDICAL CARD FROM A LICENSED PHYSICIAN SPECIFICALLY STATING THAT THE APPLICANT HAS MET ALL OF THE PHYSICAL REQUIREMENTS AS OUTLINED IN THE CODE OF FEDERAL REGULATIONS 49 CFR PART 391.41.

NAME _____ PHONE _____
First Middle Last

OTHER NAMES KNOWN BY (including maiden) _____

RESIDENCE ADDRESS _____
Street City Zip

MAILING ADDRESS _____
(if different than above) Street City Zip

EMAIL ADDRESS _____

HAVE YOU BEEN A RESIDENT OF THE STATE OF IDAHO FOR AT LEAST THREE (3) YEARS? ❑ YES ❑ NO

COMMERCIAL TRANSPORTATION SERVICE EMPLOYED BY _____

OVER

SELF DECLARATION STATEMENT

YES **NO** (please initial on the appropriate line)

____ ____ Are you required to register as a sex offender, pursuant to the Sexual Offender Registration Notification and Community Right-to-Know Act, Idaho Code § 18-8301, et seq., and the Juvenile Sex Offender Registration Notification and Community Right-to-Know Act, Idaho Code § 18-8401, et seq.

____ ____ Have you ever been convicted of, paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment, sentenced to confinement (including options in lieu of confinement), or suffered the forfeiture of a bond for any felony involving the use or threat of violence against the person of another, or any felony involving the sexual enticement of minors.

____ ____ Have you been, within three (3) years prior to the date of making application for such license, convicted of, paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment, sentenced to confinement (including options in lieu of confinement), or suffered the forfeiture of a bond for any felony not covered by Section 5-03-02D3;

____ ____ Have you been, within three (3) years prior to the date of making application for such license, convicted of, paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment, or sentenced to confinement (including options in lieu of confinement) for any misdemeanor involving:

____ ____ a. the use of force against the person or property of another;
____ ____ b. the threat of force against the person of another;
____ ____ c. stalking, telephone harassment, or violations of protection orders or no contact orders;
____ ____ d. theft or larceny;
____ ____ e. the use, possession, or sale of illicit drugs;
____ ____ f. possession of a concealed weapon;
____ ____ g. illicit sexual activity;
____ ____ h. driving under the influence of alcohol and/or drugs.
____ ____ i. has, at the time of such application, an outstanding warrant; or
____ ____ j. has had a similar license revoked by this City or any other city of this State or of the United States within the preceding three (3) years.

Do you hereby authorize the City of Boise, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in your application and qualifications? ☐ Yes ☐ No

STATEMENT OF OATH

I hereby authorize the city of boise, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I swear and affirm, under penalty of perjury pursuant to title 18, chapter 54 idaho code, that the statements contained in the above application for a Commercial Transportation Service Driver License are true and correct to the best of my knowledge.

_____Date_____
SIGNATURE OF APPLICANT

STATE OF IDAHO
> ss
COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared_____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

_____
NOTARY PUBLIC FOR IDAHO
RESIDING AT_____, IDAHO
MY COMMISSION EXPIRES_____