



WILSON
North Carolina
INCORPORATED 1849
27894-0010



Wilson Police
Department

Renewal Application & Medical Form
ALL EXPIRED FACECARD MUST BE TURNED IN FOR RENEWAL

PHYSICAL EXAMINATION FOR TAXICAB/LIMOUSINE DRIVERS

TODAY'S DATE _____

_____, _____, _____
(LAST NAME) (FIRST) (MIDDLE)

(ADDRESS)

_____ (HOME PHONE NUMBER) _____ (CELL PHONE NUMBER)

_____ (AGE) _____ (SEX) _____ (RACE) _____ (DATE OF BIRTH)

NCDL# _____ CLASS _____ EXPIRES _____

PRESENT EMPLOYER _____ HOW LONG _____

COMPANY TO DRIVE FOR _____

CAB COMPANY SIGNATURE (OWNER) _____

Have you ever been convicted of a Felony or Misdemeanor requiring imprisonment or a fine (Failure to disclose any arrest will result in an automatic 1 year postponement and application will have to reapply entirety)

EVER ARRESTED? _____ IF YES EXPLAIN _____

EVER REFUSED PERMIT TO DIRVE TAXI CAB / LIMOUSINE? _____ WHEN _____

ANY PHYSICAL IMPAIRMENT _____ EXPLAIN _____

TRAFFIC VIOLATIONS _____



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	<u>RIGHT EYE</u>	<u>LEFT EYE</u>
1. VISION WITHOUT GLASSES	_____	_____
2. VISION WITH GLASSES	_____	_____

REMARKS: _____

3. HEARING: _____

4. BLOOD PRESSURE: _____

5. HISTORY OF EPILEPSY: _____

6. ARE THERE ANY CRIPPLING DEFECTS? _____

7. HEART: _____

THE FOLLOWING TESTS ARE NOT COMPULSORY, BUT SHOULD BE MADE:

1. BLOOD TEST, WASSERMAN _____

2. CHEST X-RAY: _____

IS THIS INDIVIDUAL PHYSICALLY CAPABLE OF PERFORMING THE DUTIES OF A TAXI/LIMOSINE DRIVER? YES _____ NO _____

DATE OF EXAM: _____

(SIGNATURE OF PHYSICIAN) MD

(ADDRESS OF PHYSICIAN)

*******Turn Over*******



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FOR CAB COMPANY ONLY

Cab Company Signature (owner) _____

Cab Company Name _____

Date Signed _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

APPLICATION APPROVED _____

APPLICATION DENIED _____

REASON FOR DENIAL

SIGNATURE OF CHIEF

William Scott Biddle, Chief of Police

Rev 11-16-15