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 1st)

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**

1. **Do you have a vehicle to haul passengers?**
   - **No** → **No need for compliance**
   - **Yes**
     - **Are you a taxicab, bus or other public or for-hire vehicle?**
       - **No** → **Do you haul people as a courtesy?**
         - **No** → **No need for compliance**
         - **Yes** → **Vehicle inspection is needed**
       - **Yes** → **Vehicle inspection is needed**
     - **Yes** → **Chauffer License is needed**
     - **No** → **City License Application is needed**
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 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: 
   
   Height: ________  
   Weight: ________  
   Hair: ________  
   Eyes: ________  
   SSN: ____________________  
   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: __________________________
**OFFICIAL USE ONLY:**

<table>
<thead>
<tr>
<th>Alaska License Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City License Number:</td>
<td></td>
</tr>
<tr>
<td>Date License Issued:</td>
<td></td>
</tr>
</tbody>
</table>

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: 

<table>
<thead>
<tr>
<th>VEHICLE:</th>
<th>YEAR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAKE:</td>
<td>MILEAGE:</td>
</tr>
<tr>
<td>MODEL:</td>
<td>PLATE #:</td>
</tr>
</tbody>
</table>

| 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 ________________________________
Request for Criminal Justice Information
Page 2

<table>
<thead>
<tr>
<th>Fee Payment Type</th>
<th>Report Sent to Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee Waiver/Authorization</td>
<td>Report Sent to Requester</td>
</tr>
<tr>
<td>OCA Number</td>
<td>R&amp;I Staff initials</td>
</tr>
</tbody>
</table>

Criminal Records and Identification Bureau Use Only

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