

BCI PERSONAL INFORMATION FORM **DO NOT GET ONE DONE ELSEWHERE**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Military: \_\_\_\_\_ How Many Years: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Business Address : \_\_\_\_\_

HACKNEY LICENSES ONLY Driver's License: \_\_\_\_\_  
Class of License: \_\_\_\_\_ Have you had any violations in the past 18 months? \_\_\_\_\_  
If so Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFFIDAVIT

Have you ever been arrested? \_\_\_\_\_ If so, what was the offense, what City/State, dates?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIVATE DETECTIVES: Do you intend to carry a firearm? \_\_\_\_ If yes, permit Number: \_\_\_\_\_

I THE UNDERSIGNED APPLICANT, AFFIRM THAT THE FACTS CONTAINED HEREIN ARE TRUE AND THAT ANY OMISSION OR NON FACTUAL INFORMATION COULD RESULT IN THE DENIAL OF MY LICENSE.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW- POLICE USE ONLY

Record: \_\_\_\_\_ No Record: \_\_\_\_\_  
Charges:  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Investigating Officer