



# CITY OF NOME

*CELEBRATING 100 YEARS  
OF GOLD RUSH HISTORY*

INCORPORATED APRIL 9, 1901

## **INSTRUCTIONS FOR CHAUFFEUR'S LICENSE**

**Before proceeding with the application process,  
please read the attached city ordinance thoroughly.**

1. When you are ready and have verified your information\_fill out the application completely and truthfully. If it does not apply put N/A.
2. Obtain criminal record history & driving record @ AK State Troopers & DMV & attach..
3. Get a physical by a physician, and obtain the Medical Certificate & attach to the application.
4. **FOR NEW APPLICATION ONLY**: Take your application to the Nome Police Department for: 1) fingerprinting (Wednesday ONLY-call ahead of time) Be sure to bring your photo ID and fee for fingerprints – two sets (\$10.00).
5. Return the application to City Hall for review & processing of the actual license.
6. After final review and processing applicant will be called for photo and pickup of license.

**Total Fee for new applicants: \$20.00**

**Fee for renewals: \$5.00**

# CITY OF NOME

Office of the City Clerk  
P.O. Box 281  
Nome, AK 99762  
(907) 443-NOME

## Chauffeur's License Application 20\_\_\_\_

Date of Application: \_\_\_\_\_

1. Applicant Name in Full:

\_\_\_\_\_  
First Middle Last (\_\_\_\_) Phone

2. Physical Address of Applicant: \_\_\_\_\_ Nome, Alaska

Number Street

3. Mailing Address: \_\_\_\_\_

P.O. Box City State

4. State Driver's License #: \_\_\_\_\_

5. List all previous residences for five (5) years preceding date of application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Nationality: \_\_\_\_\_

7. Are you a Citizen of the United States? Yes \_\_\_\_\_, No \_\_\_\_\_  
by Birth \_\_\_\_\_ by Naturalization \_\_\_\_\_

8. If Naturalized Citizen of the United States, fill in the following: Court Granting  
Naturalization: \_\_\_\_\_  
Place & Date of Naturalization: \_\_\_\_\_  
Number of Certificate: \_\_\_\_\_  
For verification attach a copy of documentation

9. How long have you resided in Nome, Alaska? \_\_\_\_\_

10. List the name and address of your present employer: \_\_\_\_\_

11. If unemployed, what was the name and address of your last employer?  
\_\_\_\_\_

12. Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If so, Where? \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Name/Address or Record  
 Thereof \_\_\_\_\_
13. Have you ever been previously licensed as a chauffeur? Yes\_\_\_\_, No\_\_\_\_  
 Where? \_\_\_\_\_ Date \_\_\_\_\_ License Number \_\_\_\_\_
14. Has any driver's or chauffeur's license issued to you been suspended  
 or revoked? Yes\_\_\_\_, No\_\_\_\_ If yes, Date \_\_\_\_\_ Place \_\_\_\_\_  
 For what cause? \_\_\_\_\_
15. Physician's Examination: Day \_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_  
 Medical Certificate Included: YES\_\_\_\_ NO\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, upon my oath depose and say that I have read the foregoing application and that the matters stated therein are true as I verily believe. In addition, by signing below I authorize the City to obtain & release my criminal background history.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

SUBSCRIBED and SWORN to, before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL

\_\_\_\_\_  
 Notary Public for the State of Alaska

My Commission Expires: \_\_\_\_\_

Approved by: \_\_\_\_\_ **Nome Chief of Police, Date:** \_\_\_\_\_

Approved by: \_\_\_\_\_ **City Clerks Office, Date** \_\_\_\_\_

<b>CITY CLERK USE ONLY:</b> License # Issued: _____ Date: _____ Amount Paid: _____ Receipt #: _____
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