



Myrtle Beach Police Department
 1101 Oak Street, Myrtle Beach SC 29577
 Telephone: 843-918-1804
 Fax: 843-918-1829

CHAUFFEURS PERMIT APPLICATION

Name: _____ SSN: _____ Lic. No./State: _____
 Home Address: _____ City: _____ State _____ Zip: _____
 DOB : _____ Height: _____ Weight: _____ Hair _____ Eyes _____ Phone: _____

Do you have a current chauffeurs permit? _____

- If you answered YES, then you will be required to attach a **three-year** driving record and a **SLED** report.
- If you answered NO, then you will be required to provide a **ten-year** driving record and a criminal records check from **SLED**. (If you have not been licensed in South Carolina for the past ten-years, then you must obtain a driving record from the state(s) in which you were licensed and submit it with the South Carolina driving record.)

Has your Chauffeurs permit ever been suspended or revoked? _____ If "yes", when? _____
 Have you ever been denied a Chauffeurs Permit? _____ If "yes", when? _____

Has your driver's license ever been suspended or revoked in South Carolina or any other state? _____ If "yes", then explain below (attach additional sheet if necessary):

Date: _____ Location: _____ Reason: _____ How Long: _____
 Date: _____ Location: _____ Reason: _____ How Long: _____
 Date: _____ Location: _____ Reason: _____ How Long: _____

Have you ever been arrested? _____ Have you ever been issued a traffic ticket? _____ If "yes" to either, then document each incident below (attach additional sheet if necessary):

Date: _____ Offense: _____ Location: _____ Disposition: _____
 Date: _____ Offense: _____ Location: _____ Disposition: _____
 Date: _____ Offense: _____ Location: _____ Disposition: _____
 Date: _____ Offense: _____ Location: _____ Disposition: _____
 Date: _____ Offense: _____ Location: _____ Disposition: _____

Are you currently on probation or parole? _____

Have you been involved in a traffic accident in the last 5 years? _____ If "yes", then describe below:

Date: _____ Location: _____ Injuries: _____ Property Damage: _____ Fault: _____
 Date: _____ Location: _____ Injuries: _____ Property Damage: _____ Fault: _____
 Date: _____ Location: _____ Injuries: _____ Property Damage: _____ Fault: _____

List the name and telephone of the company you will be working for: _____

I herby certify that the above information is complete and true. I further certify that I am free of any mental or physical condition that might adversely affect my driving.

Signature of Applicant _____ Date: _____

Approved Disapproved Signature of Officer: _____
 Reason for Disapproval: _____