

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