

List all pending offenses, including felonies, misdemeanors, and traffic cases.					
Date	Location	Arresting Agency	Case No.	Charge(s)	Expected Disposition Date

List all felony and misdemeanor cases involving driving under the influence of alcohol or drugs for which you were convicted, adjudication was withheld, and/or you pled nolo contendere (no contest)			
Date	Location	Charge	Disposition

Yes No Do you have a current or previous addiction to drugs or alcohol?
If yes, explain.

If you have any history of felony or misdemeanor cases, cases involving driving under the influence of drugs or alcohol, or an addiction to drugs or alcohol, explain how you have rehabilitated yourself. You have the right to provide copies of documents to explain your rehabilitation

I certify that the above information and any attachments to this application are true and correct under penalty of law. I further understand that the Broward County Consumer Affairs Division may deny this application based on my history, if application is incomplete, and/or my statements are false.

I am acknowledging that I have received a copy of the Chauffeur's Registration Code of Conduct. I understand that as a condition of receiving and maintaining my Broward County Chauffeur's Registration, I am agreeing to abide by the Code of Conduct, and all applicable conditions, rules, and regulations contained in Chapter 22 1/2 of the Broward County Code of Ordinances. I understand and acknowledge that violations of the Code and/or Ordinance may result in suspension, revocation or non-renewal of this Registration.

X _____
Signature Date

PRIVACY ACT INFORMATION: The information on this form is requested pursuant to Chapter 22 1/2, Broward County Code of Ordinances, which regulates motor vehicles for hire, and will assist in obtaining a complete accurate background investigative report. Any information on this form may be disclosed as authorized by Chapter 119, Florida Statutes. Disclosure of the requested information, by you, is voluntary; however, failure to furnish that information would impose administrative difficulties which may result in delay in processing your application for chauffeur registration.

Return this Application to: Broward County Consumer Affairs Division
115 S. Andrews Avenue, Room A460
Fort Lauderdale, FL 33301
954-357-5350 / Fax: 954-765-5309

OFFICE USE ONLY

Date Received: _____ Receipt #: _____ Amount Paid: _____ ID Card Control # _____ Valid FL Driver's Lic Processor: _____
Date: _____ APPROVED DENIED Approved/Rejected By: _____
License: Issued Date _____ Picked up by _____

Broward County Customer Satisfaction Survey

Broward County Government wants YOUR INPUT on the quality of service you received from **CONSUMER AFFAIRS**, during the recent past. Please help us understand any rating of Disagree, Strongly Disagree, Dissatisfied, or Very Dissatisfied by providing an explanation in the comments column.

Your input will help us serve you better! Thank you for your feedback!

Please tell us how you feel.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable	COMMENTS
1. Staff Knowledge - Staff demonstrated thorough knowledge of their business.							
2. Courtesy - Service was provided in a professional and courteous manner.							
3. Cooperation - Staff worked with me to meet my need(s) and solve my problem(s).							
4. Procedures - Forms and procedures were easy to understand and use.							
5. Response Time - The product/service was provided in a reasonable amount of time.							
6. Service Quality - The quality of product/service satisfied my needs.							
7. Convenience - The location and hours of operation met my needs.							
8. Website Services - Website information/services met my needs.							
Please tell us how you feel.	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	No Opinion	COMMENTS
9. Overall Satisfaction - How would you rate your satisfaction with the service overall?							