



Myrtle Beach Police Department  
 1101 Oak Street, Myrtle Beach SC 29577  
 Telephone: 843-918-1808  
 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: \_\_\_\_\_  
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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: \_\_\_\_\_  
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 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: \_\_\_\_\_