



Pass Number: \_\_\_\_\_

Color/Re-entry Level: \_\_\_\_\_

b. If no, please indicate the pass color(s)/re-entry level(s) requested and the number of passes needed:

*Note: The number of passes granted will be dictated by the number of licensed drivers in the household and the number of road ready vehicles owned.*

Red/Emergency Personnel (*applied for by agency*) x \_\_\_\_\_

Yellow/Infrastructure (*applied for by business*) x \_\_\_\_\_

Green/Resident x \_\_\_\_\_

White/Non-Resident Property Owner x \_\_\_\_\_

c. Please enclose the following supporting documents:

- i. A copy of the tax card/tax bill validating that the property is in your name or documentation verifying any rental arrangements.
- ii. A copy of a valid driver's license for each member of the household (black out the driver's license numbers).
- iii. A copy of a valid vehicle registration card for each road ready vehicle.
- iv. A self-addressed and stamped envelope.

**Certification Statement:**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application.

\_\_\_\_\_  
Signature of Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
Date

*Please mail this application to the Hyde County Emergency Services Department; Attn: Justin Gibbs, Hyde County Emergency Services Director; PO Box 95 Swan Quarter, NC 27885.*