

Hyde County Emergency Services

2014 / 2018 Re-entry Permit Application



(The issued permit will be valid through December 31, 2018)

Name		
Ocracoke Physical Addr	ess/Legal Description:	
Mailing Address:		
Phone Number:		
1) Were you issued a	an Ocracoke Re-entry Pass for calendar yea	rs 2014/2018? Yes No
a. If yes, please o	continue to question #2.	
b. If no, please indi needed:	cate the pass color(s)/re-entry level(s) reque	ested and the number of passes
	f passes granted will be dictated by the number of lice vehicles owned.	ensed drivers in the household and the number
Red/Emerger	ncy Personnel (applied for by agency)	X
Yellow/Infrast	ructure (applied for by business)	x
□ Green/Reside	ent	x
□ White/Non-Re	esident Property Owner	x
documentation ii. A copy of a va license numbe iii. A copy of a va	tax card/tax bill validating that the property is verifying any rental arrangements. alid driver's license for each member of the h	nousehold (black out the driver's
2) Do you still have t	he 2014/2018 Ocracoke Re-entry Pass in yo	our possession? Yes No
a. If yes, please in (ex. White/Nonl	ndicate pass number(s) (ex. D-0001) and pas Resident):	ss color(s)/re-entry level(s)
Pass Number	Color/Po ontry Loy	vol:

	Pass Number:	Color/Re-entry Level:			
	Pass Number:	Color/Re-entry Level:			
	Pass Number:	Color/Re-entry Level:			
	Pass Number:	Color/Re-entry Level:			
b.	. If no, please indicate the pass color(s)/re-entry level(s) required 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 a	gency)	X		
	☐Yellow/Infrastructure (applied for by bus	iness)	X		
	☐ Green/Resident		X		
	☐White/Non-Resident Property Owner		X		
 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 (clack 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. 					
C	ertification Statement:				
la	ertify that I have given true, accurate and comuthorize investigation of all statements made incumentation, or a failure to disclose relevant in	n this application and unders	stand tha	at false information or	
Si	gnature of Applicant (unsigned applications wil	I not be processed)		DATE	

Please mail this application to the Hyde county Emergency Services Department Attn: Teresa Adams, Hyde County PIO; P.O. Box 921 Ocracoke, NC 27960 **YOU MUST INCLUDE A SELF-ADDRESSED & STAMPED ENVELOPE.**