

TAXICAB DRIVER LICENSE APPLICATION

NAME: _____

ADDRESS: _____

Place of residence for 5 previous years: _____

BIRTHDATE: _____ TELEPHONE NO. _____

Place of Birth: _____

CHAUFFEUR LICENSE NO. _____

Indicate level of license held: _____

HAVE YOU EVER HAD A SUSPENDED OR REVOKED LICENSE?
_____ IF SO, WHAT REASON? _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

Have you ever been convicted of a crime? _____
If so, explain _____

NOTE: YOU MUST NOTIFY THE CITY IMMEDIATELY IF YOU HAVE A CHANGE OF ADDRESS OR A CHANGE IN THE STATUS OF YOUR DRIVER'S LIENSE. FAILURE TO DO SO MAY RESULT IN REVOCATION OF THIS LICENSE.

Date Applicant's Signature

APPROVED NOT APPROVED

Director of Public Safety Date

Fingerprints received _____

Fingerprints already on file _____

