

**CITY OF BIG RAPIDS
TAXICAB REGISTRATION APPLICATION**

MAKE: _____

MODEL: _____ COLOR: _____

VEHICLE IDENTIFICATION NUMBER (VIN): _____

MICHIGAN LICENSE PLATE NO.: _____

_____ Owned by Company _____ Leased by Company

INSURANCE CERTIFICATION
(Attach copy of insurance certificate)

INSURANCE POLICY NO. _____

AMOUNT OF COVERAGES: _____

(personal injury, bodily injury, & property damage)

EXPIRATION DATE: _____

MECHANIC'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE EXAMINED AND INSPECTED THE ABOVE VEHICLE AND THAT IT CAN BE SAFELY OPERATED, IT IS EQUIPPED WITH ALL REQUIRED SAFETY DEVICES, AND IT IS IN A CLEAN AND SANITARY CONDITION.

DATE

SIGNATURE

STATE LICENSE NUMBER

NAME OF EMPLOYER - COMPANY

POLICE DEPARTMENT APPROVAL

I AUTHORIZE ISSUANCE OF A TAXICAB REGISTRATION CERTIFICATE FOR THE ABOVE DESCRIBED VEHICLE.

DATE

DIRECTOR OF PUBLIC SAFETY