



# TAXI CAB PERMIT PROGRAM

# TAXI DRIVER'S PERMIT APPLICATION

Applicant Name: \_\_\_\_\_ A.K.A: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Has driver's license, either state or other governmental agency, ever been suspended or revoked?  Yes  No

If yes, explain \_\_\_\_\_

Employer's Business Name: \_\_\_\_\_ Business Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Bus. Telephone No.: \_\_\_\_\_ Business License No.: \_\_\_\_\_

Employment History as a taxi driver for the three years preceding the date of application: *Use back of form if needed*

1) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Business Phone: \_\_\_\_\_

2) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Business Phone: \_\_\_\_\_

3) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Business Phone: \_\_\_\_\_

*I declare, under the penalty of perjury under the laws of California, that the foregoing is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*continued on back* →



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### Employment History as a taxi driver (Continued)

4) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

5) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

6) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

7) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

8) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

9) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

10) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Busin. Phone: \_\_\_\_\_

### DO NOT WRITE IN THIS BOX – FOR OFFICIAL USE ONLY

Driver Permit Fee New: \$ \_\_\_\_\_ Renewal: \$ \_\_\_\_\_ Collected by \_\_\_\_\_ Date: \_\_\_\_\_

Background Check Fee: \$ \_\_\_\_\_ Additional deposit required: \$ \_\_\_\_\_

Collected by \_\_\_\_\_ Date: \_\_\_\_\_

Controlled Substances-Drug/Alcohol Certification Certified By \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expires: \_\_\_\_\_  New  Renewal

Comments: \_\_\_\_\_