CITY OF SANTA CRUZ TAXICAB DRIVER'S PERMIT APPLICATION

CAB COMPANY: _____ FEE: $40 NON-REFUNDABLE
(MUST SUBMIT 1"x1" PHOTOGRAPH, CURRENT DMV PRINTOUT, AND DRUG TEST RESULTS WITH APPLICATION)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

Res. Phone: _____ Bus. Phone: _____ Driver's Lic/Class _____

Soc. Sec. Number: _____ Date of Birth: _____ Place of Birth: _____

Race:_____ Sex:_____ Hgt:_____ Wgt: _____ Hair: _____ Eyes: _____ Build: _____ Complexion: _____

Traffic Record: _____

_____

Were you ever convicted of a felony?: _____ If YES, explain: _____

_____

EMPLOYMENT RECORD: Start with most current

Employer	Address	Phone	From	To	Reason Left

REFERENCES:

Name	Address	Phone	How long	Relationship

Have you ever had your driving privilege suspended? _____ If YES, explain: _____

_____

Have you ever undergone treatment for any alcohol or drug condition? _____ If YES, explain: _____

_____

Describe current status of health _____

AGREEMENT:

I understand that any misrepresentation or deliberate omission in my application may be justification for refusal or revocation of my Taxicab Driver's Permit. I also authorize all employers, references, etc. to give any information regarding my qualifications and character. I hereby release said employers, references, etc., and the City from any liability for damages for receiving or releasing information.

SIGNATURE: _____ DATE:

(OVER)

USE THIS PORTION FOR ADDITIONAL EXPLANATIONS

FOR OFFICIAL USE ONLY

RECORDS PERSONNEL

COPY OF DRIVER'S LICENSE ATTACHED: [ ] YES   COPY OF DMV PRINTOUT ATTACHED: [ ]YES

APPLICATION CHECKED FOR COMPLETENESS: [ ] YES   APPLICATION FEE PAID: [ ] YES (Validate at Bottom)

SAFETY SYSTEMS DRUG TEST RESULTS ATTACHED: [ ]

APPLICATION ACCEPTED BY:______________________________

ID#/Date

(Forward completed application to the OPS Administrative Assistant for Record Checks)

OPS ADMINISTRATIVE ASSISTANT - (Complete checks, attach copies of all printouts, and forward to the Traffic Sgt)

LOCAL RECORDS CHECK: [ ] SCPD   [ ] SCSO   WARRANT CHECK: [ ] SCPD/SCSO   [ ] CLETS/NCIC

DA PROFILE (FAST RAP): [ ]   COMPLETED BY:

ID#/Date

* *

FINGERPRINTED: PRINTS RETURNED FROM DOJ:

ID#/Date   ______________________________   ID#/Date______________

[ ] APPROVED   [ ] DISAPPROVED   BY: DATE

NAME/ID#

TEMPORARY PERMIT NUMBER   DATE ISSUED ________________

Date picked up:_______________ Employee Name and Badge#:__________________________

PERMANENT PERMIT NUMBER   DATE ISSUED

Date picked up:_______________________Employee Name and Badge #:_____________________________________

NOTES:

c:/forms/taxiapp