



TAXI CAB DRIVER'S CERTIFICATE APPLICATION

LICENSE FEE \$35.00

(Fee includes a mandatory background investigation)

OFFICE USE ONLY

DATE RECEIVED EXPIRATION DATE December 31 Annually LICENSE #

TOTAL AMOUNT DUE \$ RECEIPT NUMBER

ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED. PLEASE SIGN AND RETURN APPLICATION WITH PAYMENT.

NAME OF APPLICANT DATE OF BIRTH PLACE OF BIRTH

DRIVER'S LICENSE # OTHER NAMES YOU ARE KNOWN BY

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

PRESENT ADDRESS CITY STATE ZIP PHONE

PLACE OF RESIDENCE FOR THE PAST THREE (3) YEARS

NAME OF CAB COMPANY ADDRESS PHONE

IMPORTANT! PLEASE READ CAREFULLY.

All information given on this application is true to the best of my knowledge. I do hereby authorize the City of Mountlake Terrace to make full inquiry of my present and past employers, as well as police and license department records. This authorization is given freely and without condition.

I have not been convicted of a felony OR any violations resulting in a penalty exceeding \$1,000 and/or confinement for a period of five (5) days except as detailed:

APPLICANT'S SIGNATURE

OFFICE USE ONLY

POLICE DEPARTMENT RECORDS CHECK DATE

COMMENTS

APPROVED DISAPPROVED POLICE DEPARTMENT DATE

APPROVED DISAPPROVED ADMINISTRATIVE SERVICES DATE