

**CITY OF SANDPOINT
APPLICATION FOR PEDICAB DRIVER AUTHORIZATION**

PEDICAB BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

Each driver must complete a separate application and pay a separate \$60 fee.

NAME OF DRIVER: _____

DOB: _____ SS #: _____

DRIVER'S LICENSE NUMBER: _____

U.S. CITIZEN: ___ YES ___ NO STATE THAT ISSUED DRIVER'S LICENSE: _____

DRIVER'S ADDRESS: _____

DRIVER'S HOME PHONE NUMBER: _____

DRIVER'S CELL PHONE NUMBER: _____

NAME OF EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED? _____ YES _____ NO

IF YES, ON BACK OF FORM OR ATTACHED PAGE, PLEASE EXPLAIN THE CIRCUMSTANCES AND DATES OF EACH ARREST.

MEDICAL CERTIFICATION: AT THE TIME OF APPLICATION, YOU ARE REQUIRED TO SUBMIT A CURRENT MEDICAL EXAMINER'S CERTIFICATE SIGNED BY YOUR PHYSICIAN. (FORM AVAILABLE FROM THE CITY CLERK'S OFFICE.)

IN SUBMITTING THIS APPLICATION, I HEREBY AUTHORIZE THE CHIEF OF POLICE OR HIS DESIGNATED AGENT TO CONDUCT AN INVESTIGATION TO DETERMINE THE VALIDITY AND COMPLETENESS OF THE INFORMATION I HAVE PRESENTED ON THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, NATIONAL LAW ENFORCEMENT AGENCIES.

APPLICANT'S SIGNATURE: _____ DATE: _____

City of Sandpoint Staff will complete the remainder of this form.

DATE FEE PAID _____ CASH ___ CHECK # _____ RECEIPT # _____

APPROVED: _____ YES _____ NO

SIGNATURE - CHIEF OF POLICE: _____ DATE: _____

MEDICAL EXAMINER'S CERTIFICATE

This certificate is to be completed by a licensed physician only (and by the driver, as indicated).

I certify that I have examined (print name of driver) _____, and, with knowledge of the driving duties, I find the above-named driver is medically capable of operating a taxicab or pedicab (circle one or both).

If applicable, this driver should operate a taxicab or pedicab only when:

- wearing corrective lenses
- wearing hearing aid
- other: _____
- not applicable / no conditions

The information I have provided regarding this examination is true and complete, and I certify that, at the time of this examination, the above-named driver has no known physical conditions or disabilities that would impair his/her safe operation of a taxicab or pedicab (circle one or both).

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> ADVANCED <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PRACTICE ASSISTANT <input type="checkbox"/> NURSE <input type="checkbox"/> CHIROPRACTOR	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. AND ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	ISSUING STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE (TO BE DETERMINED AND INDICATED BY THE MEDICAL EXAMINER)		

Sandpoint City Code 6-4-3-E requires a new medical certificate every two years.