



APPLICATION FOR TAXI / LIMOUSINE DRIVER AUTHORIZATION

BUSINESS NAME: _____

BUSINESS LOCATION ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____

If more than one driver, each must complete their own application form.

NAME OF DRIVER: _____

DRIVER'S ADDRESS: _____

DRIVER'S HOME/MOBILE PHONE: _____

EMERGENCY CONTACT NAME/PHONE: _____

DRIVER'S DATE OF BIRTH: _____ DRIVER'S SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER AND STATE: _____

U.S. CITIZEN: _____ YES _____ NO

HAVE YOU EVER BEEN ARRESTED: _____ YES _____ NO

IF YES, PLEASE EXPLAIN ON THE BACK OF THIS FORM OR ON ATTACHED PAGES THE CIRCUMSTANCES AND DATES OF EACH ARREST, IF MORE THAN ONE.

MEDICAL CERTIFICATION: **IF YOUR CURRENT CERTIFICATE IS EXPIRED OR YOU ARE APPLYING FOR THE FIRST TIME, YOU ARE REQUIRED TO SUBMIT, AT THE TIME OF APPLICATION, A CURRENT MEDICAL EXAMINER'S CERTIFICATE SIGNED BY YOUR PHYSICIAN. SEE ATTACHED.**

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. THE ANNUAL **\$63 BACKGROUND CHECK FEE IS SUBMITTED HEREWITH.**

APPLICANT'S SIGNATURE: _____ DATE: _____

CITY HALL OFFICE USE ONLY

CASH _____ CHECK # _____ CREDIT/DEBIT CARD _____ RECEIPT # _____

APPROVED: _____ YES _____ NO _____ DATE: _____

Police Department Signature

Sandpoint City Hall
1123 W. Lake St.
Sandpoint, ID 83864
(208) 263-8129