BARTLESVILLE POLICE DEPARTMENT TAXI-CAB DRIVER APPLICATION

| TODAY'S DATE: MM/DI | TAXI CC | OMPANY NAME: | | | | | | |
|---|------------------|-----------------|----------|-----------|------------|---------|--|--|
| | | | | | | | | |
| DRIVER'S NAME: | LAST | FIRST | MIDDLE | D.O.B | MM/ | DD/YYYY | | |
| SSN #: | HOME PHO | NE #: | | CELL PH | HONE #: | | | |
| | | | | | | | | |
| SEX: MALE FEN | MALE HEIGHT: | WEIGHT: | HAI | R COLOR: | EYE | COLOR: | | |
| ADDRESS: | | | | | | | | |
| ADDRESS:ST | REET ADDRESS | | CITY | | STATE | ZIP | | |
| EMAIL. | | | | | | | | |
| HAVE YOU LIVED AT THIS NO PLEASE LIST ALL | | | | | | | | |
| ADDRESS | | CITY | CITY | | ZIP | CODE | | |
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| DRIVER'S LICENSE #:_ | STATE: | DL EXPIRATION:/ | | | | | | |
| DRIVER'S LICENSE #: STATE: DL EXPIRATION:/ DRIVER'S LICENSE RESTRICTIONS: YES NO (IF YES, PLEASE LIST) | | | | | | | | |
| DRIVER'S LICENSE EN | DORSEMENTS: |] YES NO | (IF YES | S, PLEASE | LIST) | - | | |
| HAS YOUR LICENSE EVER BEEN SUSPENDED? YES NO (IF YES, PLEASE EXPLAIN WHY) | | | | | | | | |
| | | | | | | | | |
| PLEASE LIST ALL TRAF | FIC VIOLATIONS R | RECEIVED WITH | IN THE I | PAST THR | EE (3) YEA | RS | | |
| APPROXIMATE DATE | | VIOLATION | | | | | | |
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BARTLESVILLE POLICE DEPARTMENT TAXI-CAB DRIVER APPLICATION

| LIST | AND EXPLAIN ANY ARRI | EST OR CONVI | CTIONS: | | | REV 09/2019 |
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| DAT | E LOCATION (CITY/ST | ATE) | 2 | | | |
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| | 2 | EMEDOENCY | CONTACTI | JEODMATION | | |
| | TAGT NAME | EMERGENCY | | | | |
| CON | TACT NAME:LAST | | FIRST | RELATIONSHIP: | | |
| LOM | | | | | | |
| | E PHONE #: | CELL P | HONE #: | | | |
| ADD | RESS: | | | | | |
| | STREET A | DDRESS | - | CITY | STAT | E ZIP |
| LIST | THREE REPUTABLE PEC | PLE WHO HAV | /E KNOWN Y | OU FOR THE P | AST THR | EE YEARS |
| | NAME | | ADDRE | ESS | | PHONE |
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| 3 | | | | | | |
| $\overline{}$ | GNING THIS, I HEREBY CEI | RTIFY THAT THE | ABOVE LISTE | ED INFORMATION | IS TRUE | TO THE REST OF MY |
| KNOW DELAY TURNI FORM | LEDGE. I FURTHER CERTIF MY APPLICATION IN BEING NG THIS APPLICATION INTO (WHICH WILL BE PROVIDED IIROPRACTOR WHICH STATE | Y THAT I UNDER APPROVED OR THE POLICE DE BY THE BARTLES | RSTAND THAT DENIED OUTI EPARTMENT, T SVILLE POLICE | ANY ERRORS OF RIGHT. I FURTHER THAT I MUST CON EDEPARTMENT) B | R OMISSIO R UNDERS MPLETE A Y A LICEN | INS ON MY PART MAY ITAND THAT PRIOR TO HEALTH EXAMINATION SED MEDICAL DOCTOR |
| RESPO OCCU FIT TO | IGNING THIS, I FURTHER DNSIBILITY OR MY PREVIOU PATION OR WHO IN THE OP D DRIVE OR OPERATE A TAX CAB OPERATORS PERMIT SI | S RECORD AS A INION OF THE EX I CAB, THIS APPI | LAW VIOLATO AMINING PHYS ICATION WILL | OR IS SUCH AS TO SICIAN, AFTER EX BE DENIED. I UN | O RENDER AMINATIO DERSTANI | R ME UNFIT FOR SUCH N, IS NOT PHYSICALLY D THAT, IF ISSUED, MY |
| UNDE | GNING THIS, I FURTHER CE R ARTICLE XVI OF THE BAF BY ALL CITY, STATE, AND FE | RTLESVILLE COD | NVE READ AND ES AND ORDI | O UNDERSTAND T NANCES. I FURTH | HE PROVI | ISIONS FOR TAXICABS RSTAND THAT I MUST |
| SIGN | ATURE: | · | _ | DA | TE: | |
| DATE SI | ATURE: | DO NOT | WRITE BELOW TH | IS LINE | | |
| | APPROVED: YES NO IF NO | | | | | |
| | DDDOVED OD DENIED: | | | | | |