

BARTLESVILLE POLICE DEPARTMENT TAXI-CAB OWNER/VEHICLE INFORMATION



REV 09/2019

TODAY'S DATE: _	MM/DD/VVVV	AXI COMPANY NAM	IE:			
				DOB		
	LAST	FIRST	MIDDLE		D/YYYY	
SSN #:	НОМ	E PHONE #:		CELL PHONE #:		
ADDRESS:						
	STREET ADDRE	SS EMAIL.		STATE		
FAX #.	EME	RGENCY CONTACT	INFORMATI	ION		
		RGENCT CONTACT		ION		
		_ CELL PHONE #:				
ADDRESS	STREET ADDRE	SS	CITY	STATE	ZIP	
		VEHICLE IN ON	WATION			
LICENSE: TAXICAB U PLATE NUMBER: STATE MONTH EXP YEAR			TAXICAB UN	NIT NUMBER: IF ASSIGNED		
FLATE	TITITI	WONTH EAFTEAN		· · · · · · · · · · · · · · · · · · ·	1 T T T T	
	VIN	Veh	icle Year	Color Make	Model	
	VII.					
Insurance Company Name Policy Number			Insurance Telephone			
CITY OF BARTLESVILLE TAXI PERMIT NUMBER:						
INSPECTION DATE: MECHANIC NAME: PHONE #:						
		VEHICLE INFOR	MATION			
LICENSE: TAXICAB UI			IIT NUMBER:			
PLATE	NUMBER: STATE	MONTH EXP YEAR		IF <i>F</i>	ASSIGNED	
		Veh	icle Year	Color Make	Model	
	VIN	Ven	icie i eai	Color Make	Wodel	
Insurance Company Name Policy Number						
				Insurance Telephone		
CITY OF BARTLESVILLE TAXI PERMIT NUMBER: EXPIRATION DATE: INSPECTION DATE: MECHANIC NAME:						
ADDDECC.						
ADDRESS:						

VEHICLE INFORMATION REV 09/2019					
LICENSE: TAXICAB UNIT NUMBER: IF ASSIGNED					
FLATE NOMBER. STATE MONTH EXPITER. IF ASSIGNED					
VIN Vehicle Year Color Make Model					
Insurance Company Name Policy Number Insurance Telephone					
CITY OF BARTLESVILLE TAXI PERMIT NUMBER: EXPIRATION DATE:					
INSPECTION DATE: MECHANIC NAME:					
ADDRESS:PHONE #:					
VEHICLE INFORMATION					
LICENSE: TAXICAB UNIT NUMBER: IF ASSIGNED					
PLATE NUMBER: STATE MONTH EXP YEAR IF ASSIGNED					
VIN Vehicle Year Color Make Model					
Insurance Company Name Policy Number Insurance Telephone					
CITY OF BARTLESVILLE TAXI PERMIT NUMBER: EXPIRATION DATE:					
INSPECTION DATE: MECHANIC NAME:					
ADDRESS: PHONE #:					
VEHICLE INFORMATION					
LICENSE: TAXICAB UNIT NUMBER: IF ASSIGNED					
LICENSE: TAXICAB UNIT NUMBER: IF ASSIGNED					
VIN Vehicle Year Color Make Model					
Insurance Company Name Policy Number Insurance Telephone					
CITY OF BARTLESVILLE TAXI PERMIT NUMBER: EXPIRATION DATE:					
INSPECTION DATE: MECHANIC NAME:					
ADDRESS:PHONE #:					
BY SIGNING THIS, I HEREBY CERTIFY THAT THE LISTED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I UNDERSTAND THAT ANY ERRORS OR OMISSIONS ON MY PART MAY DELAY MY APPLICATION IN BEING APPROVED OR DENIED OUTRIGHT.					
BY SIGNING THIS, I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS FOR TAXICABS UNDER ARTICLE XVI OF THE BARTLESVILLE CODES AND ORDINANCES. I FURTHER UNDERSTAND THAT I MUST ABIDE BY ALL CITY, STATE, AND FEDERAL LAWS.					
SIGNATURE: DATE:					