BARTLESVILLE POLICE DEPARTMENT
TAXI-CAB DRIVER APPLICATION

TODAY'S DATE: _____ (MM/DD/YYYY) TAXI COMPANY NAME: _____

DRIVER'S NAME: _____ (LAST FIRST MIDDLE) D.O.B. _____ (MM/DD/YYYY)

SSN #: _____ HOME PHONE #: _____ CELL PHONE #: _____

SEX: ☐ MALE ☐ FEMALE HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

ADDRESS: _____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP)

EMAIL: _____

HAVE YOU LIVED AT THIS ADDRESS FOR THE PAST THREE YEARS? ☐ YES ☐ NO

IF **NO** PLEASE LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST THREE YEARS:

ADDRESS	CITY	STATE	ZIP CODE

DRIVER'S LICENSE #: _____ STATE: _____ DL EXPIRATION: _____ (MONTH) / _____ (YEAR)

DRIVER'S LICENSE RESTRICTIONS: ☐ YES ☐ NO (IF YES, PLEASE LIST)

_____

DRIVER'S LICENSE ENDORSEMENTS: ☐ YES ☐ NO (IF YES, PLEASE LIST)

_____

HAS YOUR LICENSE EVER BEEN SUSPENDED? ☐ YES ☐ NO (IF YES, PLEASE EXPLAIN WHY)

_____

_____

_____

PLEASE LIST ALL TRAFFIC VIOLATIONS RECEIVED WITHIN THE PAST THREE (3) YEARS

APPROXIMATE DATE	LOCATION (CITY/STATE)	VIOLATION

<CONTINUED ON BACK>

BARTLESVILLE POLICE DEPARTMENT
TAXI-CAB DRIVER APPLICATION

REV 09/2019

LIST AND EXPLAIN ANY ARREST OR CONVICTIONS:

DATE	LOCATION (CITY/STATE)	CRIME

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____ RELATIONSHIP: _____
LAST FIRST

HOME PHONE #: _____ CELL PHONE #: _____

ADDRESS: _____ _____ _____ _____
STREET ADDRESS CITY STATE ZIP

LIST THREE REPUTABLE PEOPLE WHO HAVE KNOWN YOU FOR THE PAST THREE YEARS

	NAME	ADDRESS	PHONE
1			
2			
3			

BY SIGNING THIS, I HEREBY CERTIFY THAT THE ABOVE 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. I FURTHER UNDERSTAND THAT PRIOR TO TURNING THIS APPLICATION INTO THE POLICE DEPARTMENT, THAT I MUST COMPLETE A HEALTH EXAMINATION FORM (WHICH WILL BE PROVIDED BY THE BARTLESVILLE POLICE DEPARTMENT) BY A LICENSED MEDICAL DOCTOR OR CHIROPRACTOR WHICH STATES THAT I AM IN GOOD HEALTH AND POSSESSED OF HIS/HER NORMAL FACULTIES.

BY SIGNING THIS, I FURTHER UNDERSTAND THAT IF MY GENERAL REPUTATION FOR INTEGRITY AND RESPONSIBILITY OR MY PREVIOUS RECORD AS A LAW VIOLATOR IS SUCH AS TO RENDER ME UNFIT FOR SUCH OCCUPATION OR WHO IN THE OPINION OF THE EXAMINING PHYSICIAN, AFTER EXAMINATION, IS NOT PHYSICALLY FIT TO DRIVE OR OPERATE A TAXI CAB, THIS APPLICATION WILL BE DENIED. I UNDERSTAND THAT, IF ISSUED, MY TAXI-CAB OPERATORS PERMIT SHALL BE REVOKED FOR VIOLATIONS LISTED UNDER BARTLESVILLE CITY CODE 5-407.

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: _____

DO NOT WRITE BELOW THIS LINE

DATE SUBMITTED: _____

PERMIT APPROVED: YES ☐ NO ☐ IF NO REASONS WHY _____

DATE APPROVED OR DENIED: _____ BPD PERMIT # _____ APPROVED BY: _____