

BARTLESVILLE POLICE DEPARTMENT TAXI-CAB DRIVER APPLICATION

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

DRIVER'S NAME: _____ D.O.B. _____
LAST FIRST MIDDLE 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 |
|---------|------|-------|----------|
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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 |
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