

VEHICLE INFORMATION

REV 09/2019

LICENSE: _____ TAXICAB UNIT NUMBER: _____
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 #: _____

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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: _____