BARTLESVILLE POLICE DEPARTMENT
TAXI-CAB OWNER/VEHICLE INFORMATION

REV 09/2019

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

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

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

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

FAX #: _____ EMAIL: _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

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

VEHICLE INFORMATION

LICENSE: _____ (PLATE NUMBER: / STATE / MONTH / EXP YEAR) 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 #: _____

VEHICLE INFORMATION

LICENSE: _____ (PLATE NUMBER: / STATE / MONTH / EXP YEAR) TAXICAB UNIT NUMBER: _____ (IF ASSIGNED)

VIN _____ Vehicle Year _____ Color _____ Make _____ Model _____

Insurance Company Name _____ Policy Number _____ Insurance Telephone _____

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VEHICLE INFORMATION

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PLATE NUMBER: STATE MONTH EXP YEAR IF ASSIGNED

VIN | Vehicle Year | Color | Make | Model

_____ _____
Insurance Company Name | Policy Number | Insurance Telephone

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PLATE NUMBER: STATE MONTH EXP YEAR IF ASSIGNED

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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: _____