



# CITY OF SAN BUENAVENTURA VENTURA POLICE DEPARTMENT

1427 Dowell Dr ● Ventura ● CA 93003-7361 ● (805) 339-4400 Ext. 1114

## TAXI DRIVER'S PERMIT

Applicant's Name: \_\_\_\_\_ A.K.A. \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Has driver's license, either state or other governmental agency, ever been suspended or revoked?  Yes  No

If yes, please explain \_\_\_\_\_

Employer's Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Bus Telephone #: \_\_\_\_\_ Business License #: \_\_\_\_\_

Employment history as a taxi driver for the three years proceeding the date of application: *Use back of this form if needed.*

1) Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Bus Phone \_\_\_\_\_

2) Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Bus Phone \_\_\_\_\_

3) Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Bus Phone \_\_\_\_\_

*I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

POLICE PERMIT FEE (\$28.00) Collected by: \_\_\_\_\_ Date: \_\_\_\_\_

CONTROLLED SUBSTANCES-Drug/Alcohol (\$60.00) Collected by: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT OF JUSTICE (\$32.00) Collected by: \_\_\_\_\_ Date: \_\_\_\_\_

SHERIFF'S DEPT FINGERPRINTING (\$30.00) Collected by: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expires: \_\_\_\_\_ Exam Result \_\_\_\_\_ By: \_\_\_\_\_

NEW  RENEWAL Comments: \_\_\_\_\_