

City of Burbank
BUILDING & SAFETY DIVISION
150 N. Third St., Burbank, CA 91502

Attach 2"X2" photo showing head and shoulders and taken within one year immediately preceding filing of this application.

APPLICATION FOR TAXICAB DRIVER'S LICENSE

Any false or erroneous statement by applicant is sufficient cause for denial or revocation of permit, license, or application.

DATE _____

NAME _____ PHONE _____

RESIDENCE ADDRESS
NUMBER & STREET _____ CITY _____ ZIP _____

AGE _____ HEIGHT _____ WEIGHT _____ COLOR HAIR _____ EYE COLOR _____ DATE OF PHOTO _____

CALIFORNIA DRIVER LICENSE NUMBER _____ EXPIRATION DATE _____

REFERENCES (2):

NAME _____ PHONE _____

NUMBER & STREET _____ CITY _____ ZIP _____

NAME _____ PHONE _____

NUMBER & STREET _____ CITY _____ ZIP _____

LIST **ALL** MISDEMEANOR OR FELONY CONVICTIONS, IF ANY, IN ANY COURT OF LAW. Attach expungement document. If no convictions, write "none". Please use additional page if necessary.

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

LIST **ALL** TRAFFIC ACCIDENTS YOU HAVE BEEN INVOLVED IN FOR PAST 5 YEARS. **Include ALL traffic accidents whether your fault or the fault of the other driver.** If no traffic accidents, write "none". Please use additional page if necessary.

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

LIST **ALL** TRAFFIC CITATIONS YOU'VE RECEIVED (except parking) IN THE PAST 2 YEARS. **Include paid and/or pending citations. Include any citations for which you are attending or have completed traffic school.** If no traffic citations, write "none". Please use additional page if necessary.

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

DATE _____ CITY _____ EXPLAIN _____

Are you familiar with the traffic ordinances of the City of Burbank and the requirements of the California State Vehicle Code regarding operation of motor vehicles? _____

Other cities where you are currently licensed:

City _____ License No. _____ Temp or Permanent _____

City _____ License No. _____ Temp or Permanent _____

City _____ License No. _____ Temp or Permanent _____

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I agree to submit to a background investigation conducted by the Chief of Police.

Signature of Applicant

Date

CERTIFICATION OF EMPLOYER

Date _____

In the event of a positive drug test of the applicant, I, the undersigned, hereby withdraw my signature and withdraw my intention to employ the applicant. (BMC 7-2-115(G))

I, the undersigned, have reviewed the application for accuracy and completeness, and hereby certify that it is my intention to employ the aforesaid applicant after his/her application has been approved and he/she has obtained the proper City of Burbank taxicab driver permit and license. (BMC 7-2-115(C)(H))

Company Name _____

Address _____ Phone _____

Description of the motor vehicle the applicant will drive:

Model _____ Make _____ Year _____ Color _____ Cab Number _____

(If there are any changes in the above, please notify the Building Division)

Signature of Owner or Manager _____

This Space Reserved For Police Department

Date _____

Approved Disapproved

Chief of Police

Remarks: