



PEDICAB / TAXI / TOW / FUNERAL ESCORT / APPLICATION

SANTA CLARA POLICE DEPARTMENT
601 El Camino Real • Santa Clara • (408) 615-4867

Pedicab Driver

Taxi Driver

Tow Truck Driver

Funeral Escort

New

Renewal

Transfer

Name _____
First Middle Last

Address _____ City _____ Zip Code _____

Social Security Number _____ Driver's License # _____ Date of Birth ____ / ____ / ____

Cell Phone (____) _____ Email Address _____

Do you use any substance that would impair your ability to drive? No Yes

Have you EVER been cited, arrested, or convicted of ANY crime or violation of any municipal ordinance: No Yes

Arrested But Dismissed? _____ If yes, list reason and date: _____

Use the back of this sheet to explain in detail if needed: _____

I certify under penalty of perjury that the statements that I have made on this form are true to the best of my knowledge. I authorize the City of Santa Clara, and its agents to seek information and conduct an investigation into the truth of the statements set forth in this application. Any misrepresentations or omissions will be grounds for denial or revocation.

DRIVER APPLICANT SIGNATURE

Date

I certify that the above named applicant has been offered a position with the undersigned and will be employed, provided the applicant qualifies and is issued a Permit by the Santa Clara Police Department.

Signature of Pedicab / Taxi / Tow / Funeral Escort Representative Applicant

Company Name

Date

(FOR POLICE DEPARTMENT USE ONLY)

DATE: _____ FEES PAID: \$ _____ LIVE SCAN RETURN: _____ WRITTEN TEST (Taxi only): _____

DRUG TEST (Taxi & Tow): _____ DOT?: _____

VALID D/L: YES Class A Class C WARRANTS YES NO IN-HOUSE CLEAR YES

PERMIT # _____ EXPIRATION: _____ APPROVED BY: _____