Print Form

APP-2.11.2 REV 11-01-09

CITY OF LEWISTON
TAXICAB DRIVER APPLICATION

Office Use Only-Do not Write in This Area	Reviewed	Date
Police	_____	_____
☐ Fingerprints Req.		☐ Driver Lic.
☐ Submitted		Fingerprint Fee
☐ Attached		$ _____

Any person subject to a background study in relation to a taxi company or driver must complete this Form. Provide a valid driver's license at submittal. If fingerprints are required, they must accompany this Form. Fingerprint cards are obtained at Business Licensing Office, 215 "D" St. Lewiston. Fingerprints are taken at the Lewiston Police Dept. on Tues. Weds. and Thurs. between 1:30pm – 4:30pm.

I Am Applying For:	☐ **Taxicab Driver**	☐ **Taxicab Company Owner**	☐ New ☐ Renewal

COMPANY INFORMATION

Company Name:	**Business Telephone**	**Supervisor Name:**
Company Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code		

EMPLOYEE INFORMATION

First Name:	**Middle Name:**	**Last Name:**
Social Security No.:	**Date of Birth:**	**Place**

Age:	**Height:**	**Weight:**	**Hair Color:**	**Eye Color:**	**Male** ☐ **Female** ☐

Home Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code	**How long have you lived at this address?** years _____ months _____

Home Ph:	**Cell Ph:**	**Driver's License No.:**	**DL State:**

PLEASE ANSWER THE FOLLOWING QUESTIONS

How long have you been a resident of Idaho? years ____ months____	Are you a citizen of the United States? Yes ☐ No ☐
Have you had a driver's license from another state? Yes ☐ No ☐ If Yes, what state? _____	Have you been convicted of any crime other than a minor traffic violation? Yes ☐ No ☐ If yes, attach a separate sheet, explain in full (dates and places)

Other Names Used: If you have used any other name(s), alias, maiden names or have any nicknames, etc. please print those names in this space: _____

List ALL **Former Addresses** for the Past 10 Years, Beginning with Your Most Recent Former Address. Attached Separate Sheets if Needed.

1)	Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code	years _____ months _____
2)	Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code	years _____ months _____
3)	Street Number, Direction (N, S, E, W) and Name Suite, Unit, Apt # City, State, Zip Code	years _____ months _____

CONSENT FOR BACKGROUND STUDY: I voluntarily give the City of Lewiston, Idaho, the right to make a thorough investigation of my past activities including local and state police records check. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, corporations and law enforcement agencies supplying such information.

Signature _____

State of Idaho, County of _____

On this _____ day of _____ , 20 ___, _____ , personally appeared before me, who is personally known to me or whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

Notary Public for State of Idaho_____

My Commission expires: _____