

APPLICATION FOR TAXI DRIVERS PERMIT RENEWAL

NAME	E PHONE #					
ADDRESS:						
RACE	SEX	HAIR	EYES			
HEIGHT	WEIGHT	DAT	OF BIRTH			
MARITAL STATUS	ARE YOU A UNITED STATES CITIZEN?					
TAXICAB CARRYING PAS	SSENGERS FOR HIRE IN ND AM NOT UNDER SU	THE CITY OF JEFFERSON. I	PLICATION FOR A PERMIT TO D AM HOLDER OF A MISSOURI I AT THIS TIME. I AGREE TO CO			
		CE DEPARTMENT USE ONLY IATURES FOR APPROVAL:				
DIRECTOR OF FINANCE:						

REQUIREMENTS:

- 1. Completed application and renewal fee of \$26.00
- 2. Criminal Record fingerprint-based search, which may be obtained from the Missouri State Highway Patrol, 1510 East Elm Street (check, money order or credit card only).
- 3. Certified copy of driving record from the Missouri Department of Revenue, which may be obtained at 301 West High Street or 1617 Southrdige Drive.
- 4. Drug and alcohol screening at least equal to screening requirements set by the US Department of Transportation for Motor Carriers. This certificate must be issued no more than five days prior to the date of application.
- 5. Proof of valid Missouri Chauffeur's license.

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.



RELEASE OF INFORMATION

NAME:			
ADDRESS:			
DATE OF BIRT	Ή:		
DRIVER'S LICE	ENSE NUMBER:		

By this signature, I authorize the release of my record to the City of Jefferson and waive any legal rights arising under Missouri or Federal Law regarding said record and do release the City of Jefferson, Missouri, it's officers, employees and agent from any claims, of whatever nature, for damages or indemnification in connection with the furnishing of such information. I understand that the information furnished to the City of Jefferson, Missouri, shall be used only for a background check for the purchase of a taxicab license and for no other purpose.

SIGNATURE OF APPLICANT:

DATE: