



TRACY POLICE DEPARTMENT

TAXI DRIVER WORK PERMIT APPLICATION

Application must be filled out completely. Failure to answer all questions shall result in the denial of the application. Applicant **must** provide government issued identification to complete this application.

NEW RENEWAL FILE #: _____

APPLICANT INFORMATION

NAME: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLACE OF BIRTH: _____ DOB: _____ SEX: _____

CDL #: _____ SOCIAL SECURITY #: _____

ORGANIZATION INFORMATION

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Applicant: Please read before signing.

I certify that the information provided is correct. I further understand that any misrepresentation or falsifications made in connection with this application will be grounds for rejection. Permits are issued only to applicants, not organizations, and are non transferable. Permit (ID card) must be produced upon request. **You are required to renew this permit every year.**

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR DEPARTMENT USE ONLY				
FEE PAID	RECEIPT #	DATE PAID	FINGERPRINT	PHOTOGRAPH
ISSUED BY	DATE	APPROVED BY	DATE	

RESIDENCE ADDRESS: (Past 10 Years)

CITY:

STATE:

HOW LONG:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

EMPLOYMENT: (Past 10 Years)

TYPE OF WORK:

ADDRESS OF JOB:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

All Convictions including those Dismissed or Expunged pursuant to Penal Code 1203.4

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____