

TAXICAB DRIVER PERMIT
CHECKLIST

Completed applications for taxicab driver permits will be accepted only between 8:00 a.m. and 12:00 noon, Monday through Friday at City Hall 915 I Street, Room 1201 Sacramento, CA 95814.

1) New Application Requirements:

A. NON-REFUNDABLE FEES of:

\$145.00 permit application fee

\$88.00 fingerprinting fee

B. Completed application

C. Current DMV driver's record H-6 (10 year) printout, dated within previous thirty (30) days

D. Four (4) PASSPORT COLOR PHOTO'S- 2" by 2" (no sunglasses, etc.)

E. Controlled substance and alcohol test required:

- Dated within previous thirty (30) days
- Results usually received by City staff a minimum of two (2) business days after test

F. Schedule appointment for Taxi Knowledge Test

2) Renewal Requirements

A. NON-REFUNDABLE FEE of:

\$145.00 permit application fee

B. Completed application

C. Current DMV driver's record readout [Dated within the previous thirty (30) days]

D. Two (2) PASSPORT COLOR PHOTO'S -2" by 2" (no sunglasses, etc.)

E. Controlled substance and alcohol test required:

- Dated within previous thirty (30) days
- Results usually received by City staff a minimum of two (2) business days after test

F. Schedule appointment for Taxi Knowledge Test

3) Duplicate permit fees:

A. There is a \$15.00 fee will be charged for replacement of a taxicab driver permit.

4) Obtaining permit:

A. Permits must be picked up by the fleet manager: they WILL NOT be mailed.

TAXICAB DRIVER PERMIT APPLICATION (TD-1)

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

1. DMV H-6 (10 Year) Driver printout within the previous thirty (30) days
2. Applicant must be fingerprinted as part of the background check process
3. Applicant shall take and pass a controlled substance and/or alcohol test, within thirty (30) days prior to application filing
4. Submit four (4) current passport photos for a new permit, two (2) if a renewal

ATTENTION: If necessary, use a separate sheet of paper to fully answer the following questions. The permit may be denied, suspended, or revoked if you make a false statement in this application, or for reasons specified in Sacramento City Code

APPLICATION FEES ARE NON-REFUNDABLE: New-\$145.00 Renewal-\$145.00
FINGERPRINTING FEES ARE NON-REFUNDABLE: \$88.00

NEW PERMIT: <input type="checkbox"/>				RENEWAL PERMIT: <input type="checkbox"/>		PERMIT NUMBER: _____	
PRINT FULL NAME:							
OTHER NAMES YOU HAVE USED:							
PHONE:		CELL PHONE NUMBER:			EMAIL ADDRESS:		
CURRENT RESIDENCE ADDRESS:							
HOW MANY YEARS HAVE YOU LIVED IN CA:				DATE OF BIRTH:		DRIVER LICENSE:	
HEIGHT:		WEIGHT:		EYE COLOR:		HAIR COLOR:	
NATIONALITY:				U.S. CITIZEN:			
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF SO PLEASE EXPLAIN:				HAVE YOU EVER BEEN CITED FOR AN ACCIDENT WHILE OPERATING A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF SO PLEASE EXPLAIN:			
Have you ever had a permit or license revoked or denied? If yes, please explain:							
Are you familiar with the ordinances of the City of Sacramento and the laws of the State of California pertaining to the application? <input type="checkbox"/> YES I AM <input type="checkbox"/> NO I AM NOT							

HAVE YOU EVER BEEN CONVICTED OF A CRIME: (Include convictions by VERDICT, PLEA OF GUILTY, PLEA OF NO CONTEST, ANY FINES PAID, DIVERSION PROGRAMS COMPLETED, INCLUDING DUI).

NO **YES (give the date of the arrest, offense you were charged with and the CITY)**

APPLICANT SIGNATURE

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY FALSE OR MISLEADING ANSWER WILL RESULT IN THE DENIAL OR REVOCATION OF ANY PERMIT. I UNDERSTAND THAT VERIFICATION OF THE ACCURACY OF THE PRECEDING INFORMATION IS A MATTER OF PUBLIC RECORD AND MAY BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

Signature of Applicant: _____ **DATE:** _____

FLEET ASSOCIATION MANAGER CERTIFICATION

NAME OF FLEET: _____ **TAXI COMPANY NAME:** _____

FLEET MANAGER NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE #: _____ **EMERGENCY PHONE #:** _____

I, _____ hereby certify under penalty of perjury the above named applicant is a member of the _____ Taxicab Fleet Association.

FLEET MANAGER SIGNATURE

DATE

The investigation for clearance may take several weeks or longer to complete. YOU CANNOT DRIVE A TAXICAB WITHIN THE CITY LIMITS WITHOUT A VALID PERMIT

Once issued, a permit may be revoked for cause. It is your responsibility to know and obey the City Code requirements for the operation of a taxicab.

Any questions regarding your application or this process should be directed to (916) 808-5852.

APPLICANTS MUST SIGN:

By my signature, I acknowledge that I have read the above requirements for a Taxicab Driver and understand them.

Signature

Date

Print Name

**ACKNOWLEDGMENT OF RECEIPT OF
SACRAMENTO CITY CODE CHAPTER 5.136 (TD-2)**

I, _____, hereby acknowledge receipt of a copy of Sacramento City Ordinance No. 96035 which contains Sacramento City Code Chapter 5.136 in its entirety and set forth all provisions relating to Taxicab Driver Permits and Taxicab Vehicular Permits and Taxicab Fleet Association Permits. I further acknowledge it is my responsibility to read and understand all requirements and provisions of Sacramento City Code Chapter 5.136 and the Rules and Regulations which coincide with the ordinance, and I will abide by all rules stated in the ordinance and rules and regulations.

Signature

Date

Print Name

TAXICAB DRIVER PERMIT APPLICATION
CONTROLLED SUBSTANCE/ALCOHOL TEST DECLARATION (TD-3)

Employee- If you are employed or have an offer of employment to operate a taxicab, have your employer complete this declaration.

I, (name of declarant) _____ hereby declare under the penalty of perjury that (applicant's full name) _____ has taken a controlled substance test (and alcohol test for permit renewal) as required by Sacramento City Code Chapter 5.136 and Government Code §53075.5 on (date) _____ at (name & address of facility administering the test) _____

and that results of all tests were **NEGATIVE**. I am authorized in my capacity to make this declaration on behalf of said taxicab company.

_____ Signature	_____ Date
_____ Name Printed	_____ Title

Self-Employed/Lease- If you are a self-employed independent taxicab driver, you need to complete this declaration. I, (name) _____ hereby declare under the penalty of perjury that I am a self-employed independent taxicab operator and that I have taken a controlled substance test (and alcohol test for permit renewal) as required by Sacramento City Code Chapter 5.136 and Government Code §53075.5 on (date) _____ at (name & address of facility administering the test) _____, and that the testing facility was instructed to provide the results of said tests directly to the City of Sacramento.

_____ Signature	_____ Date
_____ Name Printed	

WARNING! Making a false declaration is a violation of Sacramento City Code Chapter 5.136 and can result in denial, suspension, or revocation of a taxicab driver permit and/or taxicab vehicular permit(s).
sec 5.136150(A)(9), §5.136.180(4), §5.136.210(F)

CONTROLLED SUBSTANCE/ALCOHOL TEST FACILITIES (TD-4)

TEST RESULTS CAN BE FAXED TO THE CITY OF SACRAMENTO AT (916) 808-5248

IMPORTANT! READ! Disclaimer: The laboratories and test facilities listed below are provided for your information. You are not required to use any of the facilities listed below.

Any facility may be used which conforms to federal regulations and standards and is authorized to conduct controlled substance and alcohol tests. Controlled substance and alcohol tests are mandated by state statute. The City of Sacramento does not administer controlled substance and alcohol tests; is not responsible for the cost of any tests; does not make arrangements for or schedule the tests; is not responsible for the timeliness of test administration, testing, accuracy or reporting of results; does not recommend any particular testing facility(ies); does not imply, by their inclusion in these instructions, that the facilities listed below conduct controlled substance and/or alcohol tests in accordance with federal regulations and standards.

★ Comprehensive Medical Center
3600 Power Inn Road, Suite G
Sacramento, CA 95826
(916) 454-1423

★ EMSI/Health Data
6060 Sunrise Vista Drive
Citrus Heights, CA 95610
(916) 729-0700

★ ArcPoint
1578 Howe Avenue
Sacramento, CA 95825
(916) 565-0400

★ Drug Detection Laboratories Inc.
9700 Business Park Drive, Suite 406
Sacramento, CA 95827
(916) 366-7037

★ MedClinic
3160 Folsom Boulevard
Sacramento, CA 95816
(916) 733-3346

★ National Counseling Resource
1333 Howe Avenue, Suite 200
Sacramento, CA 95825
(916) 921-1010 or (800) 607-1010

The above list is not a comprehensive list. There may be other facilities in the region which are authorized to conduct controlled substance and alcohol testing under federal regulations. If you use one of the facilities listed above you should contact their office before taking the test to verify their location, hours of operation, cost, and any requirements for taking the tests.