



**CITY OF  
 SACRAMENTO**  
 BUSINESS PERMITS  
 915 I Street, Room 1201  
 Sacramento, CA 95814  
 (916) 808-5852

**PEDICAB DRIVER VERIFICATION FORM (PC-3)**

(PRINT CLEARLY)

Company Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

*Complete the following for each driver and attach copies of City-issued driver permits for each driver (if applicable).*

	Last Name	First Name	M.I.	California Driver License Number	Expiration Date	City Pedicab Driver Permit Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

\_\_\_\_\_  
 PRINT COMPANY OWNER NAME

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 COMPANY OWNER SIGNATURE