



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

TAXICAB DRIVER PERMIT APPLICATION (TD-1)

(PRINT CLEARLY)

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

- 1) DMV H-6 Driver printout dated within the previous thirty (30) days
- 2) The Police Department or designee must fingerprint all applicants
- 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 new permit, two (2) if 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 Chapter 5.136.

APPLICATION FEES ARE NON-REFUNDABLE: New-\$190.00 Renewal-\$195.00

FINGERPRINTING FEES ARE NON-REFUNDABLE: \$88.00

New Permit: Renewal Permit: Permit Number: _____

1. PRINT FULL NAME: _____

2. OTHER NAME(S) YOU HAVE USED OR BEEN KNOWN BY: _____

3. CURRENT RESIDENCE ADDRESS: _____

4. CURRENT TELEPHONE NUMBER: () _____

5. HAS YOUR DRIVER'S LICENSED EVER BEEN REVOKED OR SUSPENDED? YES NO

IF SO PLEASE EXPLAIN _____

6. HAVE YOU EVER BEEN CITED FOR AN ACCIDENT WHILE OPERATION A MOTOR VEHICLE? YES NO

IF YES PLEASE EXPLAIN _____

FLEET ASSOCIATION MANAGER CERTIFICATION

NAME OF FLEET: _____ 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