



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

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

Name Printed

Title

Self-Employed- 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)

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)