

TAXICAB FLEET DRIVER VERIFICATION FORM (TF-6)

(PRINT CLEARLY)

Name of Fleet Association: _____ Manager Name: _____

Fleet Address: _____

Fleet Telephone: () _____ Emergency Phone: () _____ Fax: () _____

Complete the following for each driver and attach copies of City-issued driver permits for each driver.

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

PRINT FLEET MANAGER NAME

DATE

FLEET MANAGER SIGNATURE