



**CITY OF SACRAMENTO**  
 REVENUE DIVISION  
 915 T Street, Room 1201  
 Sacramento, CA 95814  
 (916) 808-5852

**CALL**  
 我們講中文  
 Hablamos español  
 Мы говорим по-русски  
 ພວກເຮົາເວົ້າພາສາລາວ  
 Peb hais lus Hmoob  
 Chúng tôi nói tiếng Việt  
 (916) 808-5852

**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