

TAXICAB FLEET ASSOCIATION APPLICATION

Section One: Association Information	
FLEET NAME:	
FLEET ADDRESS:	
TELEPHONE:	EMAIL:
TOTAL # OF VEHICLES:	TOTAL # OF DRIVERS:
# ADA ACCESSIBLE VEHICLES:	FLEET COLORS:
Section Two: Fleet Management	
FLEET MANAGER:	ER PHONE:
ALTERNATE MANAGER:	ER PHONE:
Section Three: Rules and Regulations (initial)	
	I am familiar with Sacramento City Code Chapter 5.136 and the laws of the State of California pertaining to this application
	I understand and follow the insurance requirements listed in Sacramento City Code Chapter 5.136.650
Section Four: Information Provided (initial)	
	A current list of all vehicles associated with this fleet
	A current list of all drivers associated with this fleet
	Personal disclosure forms of all owners
	All owners have submitted to a background check
Section Five: Acknowledgement	
<i>I hereby certify that the answers I have given are true and correct to the best of my knowledge and belief, and I understand and agree that any false or misleading answer may result in denial, suspension, or revocation of my permit. Further, the City is hereby authorized to seek and verify information contained in this application.</i>	
APPLICANT'S SIGNATURE:	DATE:
RECEIVED BY (CITY STAFF ONLY):	DATE: