CITY OF SANTA CRUZ TAXI CAB DRIVER'S PERMIT APPLICATION

						G TEST RESULTS)
NAME:						
	Last		First		Middle	
	Street		City		State	
Cell Phone		_Bus. Pnone:			Driver's Lic/Cla	188
Soc. Sec. Numbe	oc. Sec. NumberDate o				Place of Bi	rth
Race:S	ex:Hgt	Wgt	Hair:	Eyes:	Build	Complexion
Traffic Record:_						
EMAIL:					<u>_</u>	
Were you ever co	onvicted of a felon	y? If Y	YES, explai	n:		
EMDI OVMENT	RECORD: Start	with most cu	rrent			
= .	Address	Pho		From	То	Reason Left
REFERENCES:						
Name	Addr	ess	Phone		How Long	Relationship
					<u> </u>	
Have you ever ha	nd your driving pri	vilege suspen	nded?	If YES, ex	xplain:	
11	1 , ,	. C 1	1 1 1	1'' 0	ICATE	1.
Have you ever un	idergone treatmen	t for any alco	hol or drug	condition?_	If YES, ex	plain:
Describe current	status of health:					
AGREEMENT:						
						justification for refusal o
regarding my qua		racter. I her	eby release			., to give any informatio tc., and the City from an
invitty tot uailla	sos for receiving 0.	. Torousing iiii	or muuvii.			
SIGNATURE				ATE		

FOR OFFICE USE ONLY
RECORDS PERSONNEL
COPY OF DRUG TEST RESULTS: ()
COPY OF DRIVER'S LICENSE ATTACHED: () YES COPY OF DMV PRINTOUT ATTACHED: () YES
APPLICATION CHECKED FOR COMPLETENESS: () YES APPLICATION FEE PAID: () YES
APPLICATION ACCEPTED BY: 1"X 1" PHOTO ATTACHED: () YES
ID#/Date (Forward completed application to the OPS Administrative Assistant for Record Checks)
OPS ADMINISTRATIVE ASSISTANT – (Complete checks, attach copies of all printouts, and forward to the Traffic Sgt)
LOCAL RECORDS CHECK: [] SCPD [] SCSO WARRANT CHECK: [] SCPD/SCSO [] CLETS/NCIC
DA PROFILE (FAST RAP): [] COMPLETED BY ID#/DATE
FINGERPRINTEDPRINTS RETURNED FROM DOJ: ID#/Date
[] APPROVED [] DISAPPROVED BY: DATE: Name/ID#
TEMPORARY PERMIT NUMBERDATE ISSUED
PERMANENT PERMIT NUMBER DATE ISSUED

NOTES: