



SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT

License Division, 9621 Ridgeway Court, PO Box 939062
San Diego, CA 92193-9062

William D. Gore, Sheriff

L# _____

APPLICATION FOR TAXICAB DRIVER'S IDENTIFICATION CARD

NEW DRIVERS ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

- 1. Valid California Driver's License
2. DQE Certificate/Safety Card
3. Processing Fee \$103.00 (Check or Cash)
4. Proof of US Citizenship or Valid Alien Registration Card
5. Hire Slips (must be dated within 7 working days)
6. \$49.00 Cash/Check for DOJ fingerprints (Separate fee)
7. Substance Abuse Test Results (Within last 30 days)
8. Business Tax Certificate (If picking up in City of San Diego)

*FEES ARE NON-REFUNDABLE APPLICANTS ARE SUBJECT TO A BACKGROUND INVESTIGATION

NAME: _____ CELL PHONE _____
(Last) (First) (Middle)

LIST ANY ALIASES USED (Past or present including "Maiden" Name): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ ALIEN # _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

SOCIAL SECURITY NO: _____ DRIVERS LICENSE: _____

HOME ADDRESS: _____
(Number) (Street) (City) (Zip Code)

MAILING ADDRESS: _____

HOME PHONE# _____ CELL PHONE# _____ WORK PHONE# _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____
(Name) (Address) (Phone Number) (Relationship)

- 1. Have you ever had an accident while operating a motor vehicle? YES NO
2. Are you addicted to the use of narcotics, dangerous drugs or alcohol? YES NO
3. Are you a registered sex offender? YES NO
4. Have you ever been arrested or convicted of any misdemeanor, felony, or moving traffic violation? YES NO

IF YOU ANSWER YES TO QUESTION 1, 2, 3, OR 4, EXPLAIN ON THE BACK OF FORM.

I certify under penalty of perjury that the information I have given is true and correct, to the best of my knowledge and belief. I understand and agree to having all required notices, unless otherwise specified, sent by U.S. Mail to the address given on the application. I have read and understand the sections of the San Diego County code regulating taxicabs.

SIGNATURE OF APPLICANT: _____ DATE: _____

ACCEPTED BY: _____ DATE: _____

EMPLOYER HIRE SLIP FOR EACH COMPANY MUST BE ATTACHED TO APPLICATION AND DATED WITHIN 7 BUSINESS DAYS OF INTENT TO DRIVE OR LEASE THE CAB

EXPLANATION TO QUESTIONS 1-4

1. Accident(s) while operating a motor vehicle: List date(s) and give a brief explanation of what happened:

2. Addiction to use of narcotics (including prescriptions) and/or dangerous drugs and/or alcohol:

Date(s) and Type(s) of drugs/alcohol:

3. Registered Sex Offender: Date(s) of conviction and Registration #:

4. Arrests and/or Conviction(s):

Date of Incident: Charge(s) Arresting Agency Disposition of charge(s) (probation, parole, etc.)

FOR USE OF SHERIFF'S LICENSE DIVISION:

COMPANY HIRE SLIPS VERIFIED BY: _____