



SAN DIEGO COUNTY
SHERIFF'S DEPARTMENT

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

William D. Gore, Sheriff

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APPLICATION FOR TAXICAB DRIVER'S IDENTIFICATION CARD

APPLICATIONS ARE ACCEPTED ONLY BETWEEN THE HOURS OF 8:00 A.M. TO 4:00 P.M.

PLEASE CALL (858) 974-2020 TO SCHEDULE AN APPOINTMENT

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 \$83.00 (Check or Cash)
4. Proof of US Citizenship or Valid Alien Registration Card (If not born in the United States)
5. Hire Slips
6. \$51.00 MONEY ORDER 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

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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: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_
(Number) (Street) (City) (Zip Code)

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_
(Name) (Address) (Phone Number)

- 1. Have you ever had an accident while operating a motor vehicle? [ ] YES [ ] NO
2. Are you addicted to the use of narcotics or dangerous drugs? [ ] 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.

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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 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:

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

Date(s) and Type(s) of drugs: \_\_\_\_\_

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

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4. Arrests and/or Conviction(s):

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

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**FOR USE OF SHERIFF'S LICENSE DIVISION:**

**COMPANY HIRE SLIPS VERIFIED BY:** \_\_\_\_\_