



New  Renewal

Taxi Driver# \_\_\_\_\_

## Taxi Driver Licence Application

Drivers Name: \_\_\_\_\_

Drivers Mailing Address: \_\_\_\_\_

Phone Numbers: H \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License No. (copy attached): \_\_\_\_\_

Insurance Company (Name/Address): \_\_\_\_\_

\_\_\_\_\_

MTO Drivers Abstract (copy attached): \_\_\_\_\_

Police Criminal Record Check – Vulnerable Sector (copy attached): \_\_\_\_\_

Taxi Vehicle Information: Information Required Vehicle Make & Model, Licence Plate Number and the Registered owner of Vehicle.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

All drivers are to submit a clean criminal record check and drivers abstract with the application.

Taxi Drivers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information on this form is being collected under the authority of section 4 of the *Municipal Freedom of Information and Protection of Privacy Act*. This information will be used for the purpose of processing an access request under the *Act*.

Enquiries regarding the collection of this information should be directed to the Office of the Clerk / Freedom of Information Coordinator, Municipality of Trent Hills, 66 Front St. S., Campbellford, ON K0L 1L0, (705) 653-1900

Laminate Issued (Date): \_\_\_\_\_ Licence Fee (15.00) \$ \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

	Yes	No		Yes	No
Application Completed	<input type="checkbox"/>	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Record Check	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Abstract	<input type="checkbox"/>	<input type="checkbox"/>	Photo Taken	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature: \_\_\_\_\_

Forward to Deputy Clerk for approval – Date: \_\_\_\_\_