

PUBLIC PASSENGER VEHICLE DRIVER PERMIT APPLICATION

SFMTA Taxi Division

NEW APPLICATION RENEWAL

PRINT LEGIBLY

Applicant's Name (First, Middle, Last)			Residence Phone ()				
			Cell Phone ()				
Residence Address (Street Address, City, State, Zip)							
Mailing Address (If different than residence)				Are you a Medallion Holder? <input type="checkbox"/> Yes: # <input type="checkbox"/> No			
Driver's License Number / Exp Year	Date of Birth	Place of Birth	Social Security Number				
EMAIL (PRINT LEGIBLY):							
Any other name(s) used		Race (Optional)	Sex	Height	Weight	Eye Color	Hair Color
List residences for last five years (List most recent first, attach additional pages if needed)							
From Date	To Date	Residence Address (Street Address, City, State, Zip)					
_____	_____	_____					
_____	_____	_____					
_____	_____	_____					
List employment for last five years (List most recent first, attach additional pages if needed)							
From Date	To Date	Company Name	Address (Street Address, City, State, Zip)		Type of Work		
_____	_____	_____	_____		_____		
_____	_____	_____	_____		_____		
_____	_____	_____	_____		_____		
Have you ever been convicted of, or plead guilty or No Contest to any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information required below. (Attach additional pages if needed) Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.							
Offense	Date	Place of Arrest	Disposition				
_____	_____	_____	_____				
_____	_____	_____	_____				
Has your A-Card (Public Passenger Vehicle Driver Permit) ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain for what cause?							
In the past two years, have you failed a drug or alcohol test that resulted in you being denied a job or terminated from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No							
How did you hear about us? _____							
Please initial after each statement below:							
I attest that I am free of any disease, condition, infirmity, or addiction that would render me unable to safely operate a motor vehicle. _____							
I attest that I am able to operate a motor vehicle for at least four hours per day. _____							
I, _____, understand that there may be sections of the Transportation Code and San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the Transportation Code and San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.							
Per Section 1103, I understand that by signing this document, I allow the SFMTA to obtain information regarding my drug and alcohol testing history for the previous two years.							
Signature of Applicant			Executed at San Francisco, California on _____			Date	

OFFICE USE ONLY

Received by: _____

