



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

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:

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

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

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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: \_\_\_\_\_**