



RENEWAL YES NO

TAXI DRIVER'S LICENSE APPLICATION

TAXI BADGE NO.	SALUTATION MR <input type="checkbox"/> MS <input type="checkbox"/>	LAST NAME	FIRST / MIDDLE NAME	ANY OTHER NAME EVER USED
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RESIDENTIAL ADDRESS

City Province Postal Code

MAILING ADDRESS (if different)

City Province Postal Code

PHONE NUMBERS

Home Phone: () Cell Phone: () Email Address:

The above information is releasable to the public

BIRTH DATE (YEAR/ MONTH/ DAY)	PLACE OF BIRTH	VALID PROVINCIAL DRIVER LICENSE NUMBER	LICENSE CLASS (circle one) 1 2 4	EXPIRY DATE (YEAR/ MONTH/ DAY)
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COPY OF DRIVER ABSTRACT ATTACHED YES NO

I hereby consent to the disclosure of my driver abstract/record which is made from personal information in the Motor Vehicle Registry of the Province of Alberta, annually or at any time without requiring further consent forms to be signed to the City of Red Deer License Inspector or designate;

Applicant Signature _____ Witness Signature _____

DEFENSIVE DRIVING - YES NO

DATE TAKEN _____ OR **TO BE TAKEN _____
(YEAR /MONTH/ DAY) (YEAR/ MONTH/ DAY)

ATTACHED EMPLOYMENT LETTER FROM:

Alberta Gold Associated Cab Other _____

** If I do not supply the Defensive Driving Certificate, I am aware my Taxi License is immediately INVALID until I have provided the certificate to the License Inspector.

INITIAL _____

*** If I leave the company listed on this application, I am aware that my Taxi License is immediately INVALID until I have provided a new employment letter to the License Inspector.

INITIAL _____

NOTE:
The applicant acknowledges that he/she has received notice that a search of POLICE RECORDS will be made by The City of Red Deer to determine the existence of any previous convictions of the applicant for any offences in Canada.

The personal information requested as part of this application is collected under the authority of the Municipal Government Act. The information will be used for the purpose of license issuing, administration and statistics. The information noted as "releasable" is available to the public and outside agencies. If you have any questions about the collection or use of the personal information provided, please contact the Inspections and Licensing Manager at 4914 48 Avenue, Red Deer, AB or phone 403-342-8195.

Declaration: I confirm I have read and understand this application and confirm the information I have provided is correct.

Signature of Applicant _____

FOR R.C.M.P. USE ONLY

Criminal Record: Yes No Reg. # _____

Recommended: Yes No Signature _____

FOR OFFICE USE ONLY

RCMP Response: See Attached

Approved: Denied:

(YEAR/MONTH/DAY) Signature of License Inspector _____

THIS IS NOT A LICENSE