

Taxi Driver Application

A. PURPOSE OF APPLICATION			
New Taxi Driver Application <input type="checkbox"/> Taxi Driver Renewal Application <input type="checkbox"/>		Application Date: _____	
All applicants are to arrange an appointment with the Taxi Administrator to obtain their license and/or to take/retake the taxi test, by calling (902) 895-1148.			
B. APPLICANT			
Master Number: _____		Class: _____	Expiry Date: _____
Name (Last, First): _____		Address: _____	
Phone#: _____	Fax#: _____	Cell#: _____	Email: _____
Taxi Company Name: _____		Taxi Driver License#: _____	
C. LICENSING INFORMATION			
1. Have you ever held a taxi drivers license that has been cancelled or suspended? If so, why? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Has your license to operate a motor vehicle been cancelled or suspended? If so, why? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Have you been convicted of any criminal offences? If the answer is yes, state type of offense _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D. DECLARATION OF APPLICATION			
<p>I acknowledge that by signing and submitting this application the CPIC data banks will be queried based on the names(s), date of birth and declared criminal record history provided by the applicant in the Investigative Data bank files, Ancillary Data bank files, Identification Data bank files, PROS, PIP, JEIN and local police records. The information provided by the aforementioned files may provide the Truro Police Service with the information that may disqualify your application as per the Town of Truro Taxi By-Law. Applications must be accompanied with a colored photo copy of your Town of Truro Taxi Drivers License as well as a colored photo copy of your current Class 1 through 4 Nova Scotia Driver's License.</p> <p>I, _____, certify that: <i>(Please Print Name)</i></p> <p>1. The information contained in this application, and attached documentation is true to the best of my knowledge.</p> <p>2. I agree to comply with the regulations of the Taxi By-Law for the Town of Truro and any amendments thereto.</p> <p>Dated: _____ Signature: _____</p>			
OFFICE USE ONLY			
Criminal Record Check – Sent to Truro Police <input type="checkbox"/> Received from Truro Police <input type="checkbox"/> CPIC CHECK POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/>			
Taxi Test(Required for New Drivers) Test 1 Date: _____	Grade: _____	Test 2 Date: _____	Grade: _____
Date Refused: _____		Reason: _____	
Date Issued: _____	Date Expires: _____		
Taxi Driver License No. Issued: _____	Signature of Taxi Administrator _____		Date (YYYY M D) _____