



**MANDAN POLICE DEPARTMENT
TAXICAB DRIVERS LICENSE APPLICATION FORM 10/13**

____ NEW APPLICATION

____ RENEWAL APPLICATION

Name:			
	Last	First	Middle
Other Names Previously Used:			

Address:				
	Street	City	State	Zip Code
Home Phone:	Work Phone:	Cell Phone:		

Height:	Weight:	Eye Color:	Hair Color:
Sex:	Date of Birth:	Place of Birth:	
Current Driver's License #:	DL State:	Social Security #:	
List All States Lived in During Last 5 Years:			

List your last two employers. Include business name, address, phone & dates employed.

1.	
2.	

Have you ever been charged with a criminal offense? If yes, complete the following section.

Offense	Date of Offense	City or County it Occurred	Disposition

List your previous experience in the transportation of passengers.

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The City of Mandan ordinance requires that all applications for taxicab driver's licenses be accompanied by a certificate from a physician certifying that the applicant is not inflicted with any disease or infirmity which makes the applicant an unsafe driver. A letter from a physician must be attached to this application when submitted.

CERTIFICATION AND AUTHORIZATION

I declare that the information on this form is true and correct. I understand that

_____ Applicants Signature

_____ Date

OFFICE USE ONLY			
CHIEF OF POLICE:	DATE:	APPROVED:	DENIED:
REASON DENIED:			
PHOTO & FINGERPRINT CARD ATTACHED:		DATE PERMIT ISSUED:	