LIVONIA POLICE DEPARTMENT
APPLICATION FOR DRIVER'S PERMIT

NOTE: Print Clearly
Use backside of application if additional space is needed.
Copy of Chauffeur License Must be Included with Application

I _____
NAME: First Middle Last

hereby make application to operate a taxicab, motor vehicle for hire, or non-emergency medical transportation vehicle for:

_____
(name and address of Cab Company)

Current Home Address:_____
number & street city state zip

How long have you lived at your current address?_____

Home Tx:_____ Cell Tx:_____
area code number area code number

Date of Birth:_____ Place of Birth: _____
city & state

Last Four Numbers of Social Security Number:_____

Chauffeur Driver's License Number:_____

Height:_____ Weight:_____ Eye Color:_____ Hair Color:_____

Has your name ever been legally changed? YES NO

If yes, explain:_____

List any other names you now use or have used in the past, including maiden names, nicknames, aliases, etc.:

_____

Are you a citizen of the United States? YES NO

If not, list your Alien Card number:_____

If a naturalized citizen, list where and when naturalization occurred and provide citizenship number:

_____

List all of your home addresses for the past 5 years, <u>excluding</u> your current address:

1. _____

number & street, city, state **dates of residence**

2. _____

***** Do you suffer from epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render you unfit for the safe operation of a public vehicle? YES NO**

If Yes, describe: _____

_____

List your employment for the last 5 years, starting with present place of employment:

1. _____

name of business **address** **phone number** **dates of employment**

2. _____

***** Have you ever been <u>arrested and/or charged with a crime</u>. If yes, list all of the arrests and/or charges below. Include the date, violation, disposition, and police department/court of jurisdiction. YES NO**

_____

_____

If you have previously driven a cab, list below. Include the name of the cab company, address, phone number and dates of your employment.:

_____

_____

If your license to operate a cab has ever been revoked, list when and why?

_____

APPLICANT'S STATEMENT

APPLICANT'S STATEMENT: Using the information I have provided above, I understand that my application for permit to operate a taxicab, motor vehicle for hire, or non-emergency medical transportation vehicle will involve a complete criminal and driver license check by the Livonia Police Department. I hereby release any individual, organization and the City of Livonia from any liability that may result from furnishing the information requested above or from any subsequent use of the information. Any fraud, misrepresentation or false information as provided on this application shall be grounds for refusal/revocation of a license/permit.

STATE OF MICHIGAN

SS _____

COUNTY OF _____ **(NOTARIZED SIGNATURE OF APPLICANT)**

On this the _____ day of _____ _____
(month) (year)

before me, a Notary Public of the State of Michigan, appeared the above named applicant and gave oath that the matters set forth in the foregoing statement are true.

_____
(NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

CHARACTER REFERENCE STATEMENT

(You will need one person to be a character reference for you. This person can be a relative, if you wish. Reference signature must also be notarized.)

CHARACTER REFERENCE STATEMENT: I hereby certify that I have been

personally acquainted with _____ for a period of _____
(print applicant's name here)

and know him/her to be a person of good character.

STATE OF MICHIGAN
SS _____
COUNTY OF _____ **(NOTARIZED SIGNATURE OF REFERENCE)**

On this the _____ day of _____ _____
(month) (year)

before me, a Notary Public of the State of Michigan, appeared the above named applicant and gave oath that the matters set forth in the foregoing statement are true.

_____
(NOTARY PUBLIC)

MY COMMISSION EXPIRES_____

Printed Name of Reference:_____

Reference Relationship to Applicant: _____

Reference Address: _____
number & street city state zip

Reference Home Tx.: _____ Cell Tx. :_____
area code number area code number