



**TAXICAB COMPANY FOR WHICH YOU DRIVE:**

Business Name: \_\_\_\_\_  
(PLEASE PRINT NAME EXACTLY AS LICENSED BY STATE OF WASHINGTON)

Business Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

Business Telephone: \_\_\_\_\_  
AREA CODE NUMBER

Business Owner Name(s): \_\_\_\_\_

**ADDRESS HISTORY:**

For purposes of confirming identity in the mandatory background check, please list all cities and counties where you have lived at previous residences for the past ten (10) years. This information is voluntary, but will assist the City in timely processing of your application and avoid misidentification based on similar names or dates of birth.

Address of Residence	City, State & Zip Code	Dates	
		From (Month/Year)	To (Month/Year)

**PERJURY STATEMENT:**

I hereby certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINTED NAME

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