

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



**STATEMENT IN SUPPORT OF OBTAINING/RENEWING LICENSE
TO OWN OR OPERATE TAXICAB IN PULLMAN, WASHINGTON**

EACH APPLICANT MUST COMPLETE THIS FORM

I, _____, hereby certify that I have read Pullman City Code Chapter 6.94, and as required in Pullman City Code 6.94.090, am not disqualified from obtaining or renewing a taxicab owner's or operator's license under that ordinance.

I also hereby certify that my driver's license status is not currently Suspended or Revoked by the Washington State Department of Licensing or the licensing authority of any other state, and I understand that any Suspension or Revocation of my driver's license shall result in the denial of application and/or automatic revocation of my Taxicab Operator's License, effective as of the date of such driver's license suspension or revocation.

PLEASE PRINT CLEARLY

Applicant Name: _____ / _____ / _____
LAST NAME FIRST NAME MIDDLE NAME

Date of Birth (MM/DD/YYYY): _____

Drivers' License #: _____ State of Issue: _____

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

APPLICANT SIGNATURE

DATE
