

COMPANY VEHICLES:

List information for all vehicles operating within the City of Pullman. ***If necessary, make copies of this page and complete information on additional vehicles.

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

VIN #: _____ Circle One: Company Owned / Driver Owned

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

VIN #: _____ Circle One: Company Owned / Driver Owned

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

VIN #: _____ Circle One: Company Owned / Driver Owned

Year: _____ Make: _____ Model: _____

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VIN #: _____ Circle One: Company Owned / Driver Owned

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VIN #: _____ Circle One: Company Owned / Driver Owned

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

VIN #: _____ Circle One: Company Owned / Driver Owned

Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____ State of Issue: _____

VIN #: _____ Circle One: Company Owned / Driver Owned

BUSINESS OWNER:

Business Owner Name (Please Print):

_____ / _____ / _____
LAST NAME FIRST NAME MIDDLE NAME

Business Owner Home Address: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

Home Phone: _____ Date of Birth: _____

Drivers' License #: _____ State of Issue: _____

Email Address (optional): _____

Is this business owned by more than the one person stated above? Yes _____ No _____

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 Owner/Operator's License, effective as of the date of such driver's license suspension or revocation. I also hereby certify that the vehicle(s) used to provide taxicab services by my business complies with RCW 46.37 (Vehicle Lighting and Equipment) and shall continue to be maintained in compliance with the law at all times.

No person shall provide a taxicab service without public liability and property damage insurance from some good and reliable insurance company for the vehicle(s) being utilized for such taxicab service, with combined single limits of Three Hundred Thousand Dollars (\$300,000) or split limits of not less than One Hundred Thousand Dollars (\$100,000) for personal injuries to one (1) person, and not less than Three Hundred Thousand Dollars (\$300,000) for personal injuries caused by any one accident and not less than Fifty Thousand Dollars(\$50,000) for property damage caused by any one accident. No person shall provide a taxicab service without underinsured and uninsured motorist insurance for the vehicle(s) being utilized in such taxicab service. The City will not issue a license to me until I have provided satisfactory proof to the City that insurance of the type and in the amount required has been purchased for the vehicle to be utilized in such taxicab service and that the City has been made an insurance certificate holder in such insurance. (Pullman City Code 6.94.060)

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
