



Taxicab Driver Permit (NEW) APPLICATION INSTRUCTIONS

- Complete all pages of the application. If any item on the application does not apply to you, write “N/A”. If you need more space than is provided, attach a separate sheet of paper, indicate the question number you are answering and type/write your response.
- All documents listed on the checklist **must** be submitted with the application. Attach the requested documents indicated in STEP 1 in the same order as listed on checklist.
- A permit fee of **\$160.00** will be charged by the Santa Rosa Police Department for processing the application. One (1) of the four (4) forms of payment are accepted: Personal check (made payable to City of Santa Rosa), Cashier’s Check (made payable to City of Santa Rosa), money order (made payable to City of Santa Rosa), or cash. The completed application, required documents, and payment of \$160.00 must be turned in to the senior administrative assistant located on the 2nd floor Administration Desk at 965 Sonoma Avenue, Santa Rosa. Administration Desk is open Monday – Friday from 9am – 4pm, closed 12p-1p and holidays.
- **YOU ARE RESPONSIBLE FOR INITIATING YOUR DRIVER PERMIT RENEWAL EACH YEAR.** A taxicab driver permit is only valid for one year. Please plan to renew your permit 45 days prior to the expiration date shown on your current permit to allow time to process the renewal.
- You are also responsible for having an alcohol and controlled substance test as part of the new permit. Tests must be submitted up to thirty (30) days from the date that the test was taken and the application was submitted. **Results of Drug and Alcohol test results must be submitted to SRPD by fax (707) 543-3557 or e-mail (srpdadmin@srcity.org) directly from the laboratory. It is the applicant’s responsibility to inform the laboratory.**
- Livescan is also required for new driver permits. A Livescan form and list of facilities is enclosed in this packet. Results of Livescan will be forwarded directly to SRPD.
- Santa Rosa Police Department requires **at least 4 to 6 weeks** in which to process your application.

APPLICATIONS WILL NOT BE ACCEPTED IF ALL PARTS OF THE APPLICATION, AND SUPPORTING DOCUMENTS FROM THE CHECKLIST, ARE NOT INCLUDED OR COMPLETED AT THE TIME APPLICATION IS SUBMITTED.

TAXICAB **NEW** DRIVER PERMIT APPLICANT TASK AND CHECKLIST

Name _____ **Phone** _____

STEP 1

Present the following documents at the Santa Rosa Police Department, 965 Sonoma Avenue, Santa Rosa:

- Completed and signed Application form.
- Completed and signed Notice of Intent to Hire/Lease.
- Completed and signed Criminal History and Authorization to Release Information.
- Two (2) current quality color, 2" x 2" passport size photographs.
- Copy of completed LIVESCAN form and receipt of payment.
- Copy of drug test (NIDA or 10-Panel) issued in past 30 days.
- Copy of alcohol test (BAT) issued in past 30 days.
- Results of Drug and Alcohol tests must be submitted to SRPD by fax (707) 543-3557 or e-mail (srpdadmin@srcity.org) from laboratory. It is the applicant's responsibility to inform the laboratory. Livescan results are automatically sent to SRPD directly.**
- Payment of \$160.00 for Application Fee.

STEP 2

Santa Rosa Police Department to complete:

- Copy (front and back) of California Driver's License.
- DMV printout of Driving History.

STEP 3

After receiving notification that your request for a driver's permit has been approved, you must contact the Santa Rosa Police Department and make an appointment to receive your permit.

A one-year permit will be issued after Police Chief's approval.

Tasks to be completed by Police Personnel:

- Criminal history check on fingerprints (LiveScan results) returned from Department of Justice _____
- DOJ ILEADS CLETS LIVE SCAN DATED: _____
- Santa Rosa Police Department records check on applicant (ILEADS, CLETS, etc.).

Police Personnel recommendations on the issuance of a permit to the applicant:

Initials: _____ Date: _____

POLICE CHIEF or DESIGNEE:

Upon review, this application is: APPROVED DENIED

Signature: _____ Title: _____ Date: _____

**APPLICATION FOR
NEW TAXICAB DRIVER PERMIT**
(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Assigned Permit/ID:
Exp:

Please complete the following:

Please type or print clearly in ink. If additional space is necessary to complete any answer, please complete on additional sheet(s) indicating question number being answered. Reference to any attachments/exhibits must be clearly identified in this application and properly labeled.

Office Use: (Photo)

Date of Application:		
Name:		
Other names you have used or been known by (maiden name, alias, nicknames):		
Residence Address (include street, city, and zip code):		
Mailing Address, if different (include street, city, and zip code):		
Home Phone:	Cell Phone:	Email:
Are you a U.S. citizen? Yes No - VISA #		Social Security No:
Date of Birth:	Place of Birth:	
Sex:	Height:	Weight:
		Hair Color:
		Eye Color:

Driver's License # <small>[A photocopy (front and back) of license will be taken by Police personnel.]</small>	State:	Date Issued:	Expiration Date:
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Name of the taxicab company who you will be driving for: _____

Address and phone number: _____

Have you ever had a permit to operate a taxicab issued to you by another city, county, or state that has been suspended or revoked, please list by permit title, city, county, and state of issuance: _____

NOTICE OF INTENT TO HIRE/LEASE TAXICAB DRIVER PERMIT

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Notice of Intent to Hire/Lease:

IMPORTANT: Driver may NOT drive until:

- Drug and alcohol tests have been completed and results proven negative;
- Driver has been issued a City Driver's Permit; and
- Owner/Manager and driver have discussed the rules and regulations set forth in Santa Rosa Municipal Code, Chapter 6-87, Taxicab Services Ordinance.

As the owner/authorized agent of (***taxicab company*** name): _____

I intend to hire/lease (name of ***applicant***): _____ as a taxicab

driver, effective from the date he/she is added to the company insurance policy.

By signing below, you acknowledge these terms and agree to abide by the terms and conditions of the City Ordinance.

Owner/Authorized Agent Signature

Print Name & Title

Date

CITY OF SANTA ROSA

CRIMINAL HISTORY

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

Failure to **list all criminal convictions** may result in a denial of your application. This page **MUST** be completed. If there is no criminal conviction history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)

Are you currently:

On probation?	No	Yes:	Charges:
On parole?	No	Yes:	Charges:
Required to register pursuant to Penal Code section 290 (sex registrant)?			No Yes

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Signature *(Permit Applicant)*

Date

AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA ROSA POLICE DEPARTMENT

(Pursuant to Santa Rosa Municipal Code, Chapter 6-87)

I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Santa Rosa Police Department to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the permit sought by this application.

Per the Taxicab Services Ordinance, Chapter 6-87.240(A)(2), the applicant has complied, or prior to the commencement of operation of the vehicle, will comply with all of the provisions of this ordinance.

Printed Name *(Permit Applicant)*

Signature *(Permit Applicant)*

Executed on _____, 20____ at _____
 _____, California (City)
 _____ (County)