PUBLIC PASSENGER VEHICLE DRIVER PERMIT APPLICATION

☐ NEW APPLICATION ☐ RENEWAL

PRINT LEGIBLY

Applicant's Name (Print First, Middle, Last)	Cell Phone ( )	Residence Phone ( )
Residence Address (Print Street Address, City, State, Zip)		
Mailing Address (If different than residence)		Are you a Medallion Holder? ☐ Yes: # ☐ No

Driver's License Number / Exp Year	Date of Birth	Place of Birth	Social Security Number

EMAIL (PRINT LEGIBLY):

Any other name(s) used	Race (Optional)	Sex	Height	Weight	Eye Color	Hair Color

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work

Have you previously/currently worked as a TNC driver (Lyft/Uber)? ☐ NO ☐ YES

If yes please confirm who you previously/currently drive for _____

Have you ever been convicted of, or plead guilty or No Contest to any crime within the last 3 years? ☐ NO ☐ YES

If "NO", then you may complete the Live Scan Form and Drug Test.

If "YES", do not complete the Live Scan Form and the Drug Test. You will need to contact the Taxi Office at 415.646.4621 to make an appointment with an investigator. Our investigator must clear you before you may become a taxi driver. You must provide the information required below. (Attach additional pages if needed). **Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.**

Offense	Date	Place of Arrest	Disposition

Has your A-Card (Public Passenger Vehicle Driver Permit) ever been revoked? ☐ NO ☐ YES If yes, explain for what cause?_____

In the past two years, have you failed a drug or alcohol test that resulted in you being denied a job or terminated from a job? ☐ NO ☐ YES

How did you hear about us? _____

Please initial after each statement below:

I attest that I am free of any disease, condition, infirmity, or addiction that would render me unable to safely operate a motor vehicle. ___

I attest that I am able to operate a motor vehicle for at least four hours per day. ____

I, _____, understand that there may be sections of the Transportation Code and San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the Transportation Code and San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

Per Section 1103, I understand that by signing this document, I allow the SFMTA to obtain information regarding my drug and alcohol testing history for the previous two years.

Executed at San Francisco, California on

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Received by: