



FINANCE

2020 Center Street, Berkeley, CA 94704 Tel: 510.981.7200 TDD: 510.981.6903 Fax: 510.981.7210
Email: Finance@ci.berkeley.ca.us

CITY OF BERKELEY TAXI DRIVER PERMIT APPLICATION

Date: _____ Permit #: _____

Taxi Company: _____ Cab #: _____

License Plate #: _____ VIN #: _____

City of Berkeley Taxi Driver Permit Application:

_____ Photocopy of Driver's License.

_____ DMV driving record.

_____ Drugs and alcohol testing (collection for DATSO \$72.00).

_____ Social Security number.

_____ Police Department (fingerprints)

_____ U.S. Department of Justice, INS Employment Identification Card



FINANCE

2020 Center Street, Berkeley, CA 94704 Tel: 510.981.7200 TDD: 510.981.6903 Fax: 510.981.7210
Email: Finance@ci.berkeley.ca.us

CITY OF BERKELEY
DRIVER'S PERMIT APPLICATION
(Page 1 of 2)

Last Name: _____ First Name: _____ Middle Initial: _____

Also Known as Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: : _____ Work Phone: _____

Social Security Number: _____ (Permanent) CDL#: _____ Expires: _____

Date of Birth: _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Name of Taxi Company: _____

Have you ever been convicted of a felony?

Yes No

Has your driver's license including a Chauffeur License been suspended in the past (3) three years?

Yes No

For office use only.

Accepted Denied

Number of Driver's License: _____

Number of Driving Record Report: _____

Failed Drug Test: _____

Department of Justice (DOJ): _____



FINANCE

2020 Center Street, Berkeley, CA 94704 Tel: 510.981.7200 TDD: 510.981.6903 Fax: 510.981.7210
Email: Finance@ci.berkeley.ca.us

CITY OF BERKELEY
DRIVER'S PERMIT APPLICATION
(Page 2 of 2)

EXPERIENCE:

Start at the top with your most recent experience and work backwards. experience operating a vehicle for hire may be paid or unpaid, full time, part-time. Your application will be considered incomplete and subject to rejection if this section is not completed.

From: _____ To: _____ Hours/Week: _____ Monthly Salary: _____
Mo/Day/Yr Mo/Day/Yr

Employee's Name & Address: _____ Reason for Leaving: _____

Duties: _____

From: _____ To: _____ Hours/Week: _____ Monthly Salary: _____
Mo/Day/Yr Mo/Day/Yr

Employee's Name & Address: _____ Reason for Leaving: _____

Duties: _____

From: _____ To: _____ Hours/Week: _____ Monthly Salary: _____
Mo/Day/Yr Mo/Day/Yr

Employee's Name & Address: _____ Reason for Leaving: _____

Duties: _____

