

Permit # \_\_\_\_\_  
Clerks Initials \_\_\_\_\_

**CITY OF MIDWEST CITY**  
**Application for Taxicab Driver's License**

**Application Number**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

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HAVE YOU EVER BEEN LICENSED AS A TAXICAB DRIVER? YES/NO \_\_\_\_\_

WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

DO YOU HAVE A CURRENT STATE OPERATOR'S LICENSE? YES/NO \_\_\_\_\_ LICENSE # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES/NO \_\_\_\_\_

WHERE \_\_\_\_\_ REASON FOR REVOCATION OR SUSPENSION \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OR FORFEITED BOND FOR A TRAFFIC VIOLATION? YES/NO \_\_\_\_\_

IF SO, GIVE DATES AND DETAILS IN THE SPACE PROVIDED BELOW \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES/NO \_\_\_\_\_

IF SO, GIVE DATES AND DETAILS IN THE SPACE PROVIDED BELOW \_\_\_\_\_

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GIVE THE NAMES AND ADDRESS OF THREE (3) PEOPLE THAT HAVE KNOWN YOU FOR AT LEAST ONE YEAR PRECEDING THIS APPLICATION. (DO NOT USE RELATIVES)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

GIVE THE NAME OF THE COMPANY FOR WHICH YOU WILL BE WORKING \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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NOTE: The applicant must provide two (2) recent photographs. These must be two and one-half inches (2 1/2 x 3) and clearly show the applicant from the waist up. A current driving record from the Department of Public Safety and a current criminal history record from the Oklahoma State Bureau of Investigation must be submitted by the applicant. These items must be attached to this form for approval by the Chief of Police.

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**FOR OFFICIAL USE ONLY**

LOCAL RECORD \_\_\_\_\_ LOCAL D.L. CHECK \_\_\_\_\_ CURRENT BUSINESS LICENSE \_\_\_\_\_  
INITIALS \_\_\_\_\_ INITIALS \_\_\_\_\_ INITIALS \_\_\_\_\_

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY \_\_\_\_\_ INITIALS \_\_\_\_\_

REVIEWING OFFICER OR CLERK \_\_\_\_\_ BADGE NUMBER \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

REMARKS \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ CHIEF OF POLICE \_\_\_\_\_