

## APPLICATION FOR TAXI CAB DRIVER'S LICENCE

NAME:		
STREET ADDRESS:		
CITY:	POSTAL CODE:	TELEPHONE No:
DATE OF BIRTH:	DRIVER'S LICENCE No:	
CAB COMPANY:		
ADDRESS:		
PHONE NO:		

Along with this application please provide:

1. Copy of driver's license
2. Employment Letter stating that you will be employed by them and are covered under their insurance.
3. Obtain Police Services Record Check and provide the original to Environmental Services.

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Date

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Signature