

# VEHICLE FOR HIRE DRIVER PERMIT APPLICATION CITY OF CORPUS CHRISTI, TEXAS (REV. 10-2013)

PLEASE READ CAREFULLY—INITIAL AND DATE WHERE APPLICABLE.

1. Answer all questions in black or blue ink and in your own handwriting.
2. Please sign and date any additional information or supporting documents that you attach.
3. Any false statement knowingly made in connection with this application will result in denial of a vehicle for hire permit. Similarly, any omitted information on the application may likewise result in permit denial.

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

4. Applicant must meet all requirements (per Corpus Christi Code of Ordinances) before issuance of permit.

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

5. The Corpus Christi Police Department may request additional documentation and information required to aid the taxi cab inspector's investigation of the character, experience, and qualifications of the applicant.

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Do you own or rent? Own  Rent  How long at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a United States Citizen? Yes  No  Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

(If a U.S. citizen by naturalization, copies of naturalization paperwork must be included with this application.)

Driver's License: \_\_\_\_\_  
Class \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Marital Status (check one): Married  Divorced  Separated  Widowed  Single

Which Vehicle for Hire company are you intending to work for? \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have any prior experience as a vehicle for hire driver? Yes  No

If yes: \_\_\_\_\_  
Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Date (Mo/Yr) \_\_\_\_\_ End Date (Mo/Yr) \_\_\_\_\_

\_\_\_\_\_ Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Date (Mo/Yr) \_\_\_\_\_ End Date (Mo/Yr) \_\_\_\_\_

## ADDITIONAL INFORMATION

1. Do you have any disabilities (either physical or mental in nature) that would interfere with the proper and safe operation of a motor vehicle? Yes  No

If yes, please explain: \_\_\_\_\_

2. Have you ever had a vehicle for hire driver permit revoked or suspended? Yes  No

If yes, please explain (be sure to include the date, place, and reason for each suspension and revocation):

3. Do you drink alcoholic beverages? Yes  No

If yes, how frequently: \_\_\_\_\_

4. Do you use any controlled substance or dangerous drugs? Yes  No

If yes, please explain: \_\_\_\_\_

5. Have you **EVER** been **ARRESTED** for, or **CHARGED** with, a **FELONY**? Yes  No

If yes, please list below (you may use the back of this sheet if additional space is required):

Month/Year	Offense (Arrest)	Department/Agency	Disposition of Case

6. In the **LAST TEN (10) YEARS**, have you been **ARRESTED** for, or **CHARGED** with, a **MISDEMEANOR**? Yes  No

If yes, please list below (you may use the back of this sheet if additional space is required):

Month/Year	Offense (Arrest)	Department/Agency	Disposition of Case

7. In the **LAST THREE (3) YEARS**, have you had any **TRAFFIC VIOLATIONS**? Yes  No

If yes, please list below (you may use the back of this sheet if additional space is required):

Month/Year	Offense (Arrest)	Department/Agency	Disposition of Case

## ADDITIONAL INFORMATION (CONTINUED)

8. List all employment in the last ten (10) years. **Please start with your most recent employer** (you may use the back of this sheet if additional space is required):

From Mo/Yr	To Mo/Yr	Employer	Phone	Address	Occupation

9. List all residences in the last five (5) years. **Please start with your most recent residence** (you may use the back of this sheet if additional space is required):

From Mo/Yr	To Mo/Yr	Street	City	State	Zip Code	Reside With

10. Character References—List three persons who reside in Corpus Christi, Texas (please do not use any relatives or previously listed employers):

Full Name	Address	Yrs Known	Occupation	Phone

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

