

**CITY OF OLATHE - TAXI DRIVER'S CERTIFICATE APPLICATION**



Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number (s): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Length of residence in state: \_\_\_\_\_ county: \_\_\_\_\_ city: \_\_\_\_\_

Is applicant a citizen of the United States? \_\_\_\_\_ yes \_\_\_\_\_ no

Taxicab Company: \_\_\_\_\_

***Has applicant ever been convicted of a violation of a federal or state law, or city ordinance at any time? If yes, provide details:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

***Has applicant's driver's license ever been suspended or revoked? If yes, provide details:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear the information on this application is true.

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

\_\_\_\_\_  
Date

Once the application has been approved and the certificate is ready, it will be mailed to the Taxi Company.