



City and County of Denver
DEPARTMENT OF EXCISE & LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
720/865-2740

TAXI/LIMOUSINE DRIVER APPLICATION

Date _____

1. Name in Full _____
2. Residence Address _____
3. Place of Birth _____ Date of Birth _____
4. Social Security Number _____
5. Height _____ Weight _____ Hair _____ Eyes _____ Gender _____
6. Are you a citizen of the United States? _____ If not, explain your status: _____

7. Can you read and write the English language? _____
8. How long have you resided in the City and County of Denver _____

LIST YOUR PLACES OF RESIDENCE FOR THE PAST 8 YEARS

Address	From - To
_____	_____
_____	_____
_____	_____

9. Are you Married or Single? _____
10. Are you of sound physique? _____ Have you good eyesight? _____
11. Are you now or have you ever been addicted to the use of intoxicating liquors or drugs of any kind? _____

12. LIST BELOW YOUR PLACES OF EMPLOYMENT FOR THE PAST 8 YEARS

Firm	Address	Capacity	Time Emp.	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Have you ever been arrested for, charged with, or convicted of a felony, misdemeanor or ordinance violation? _____ If so, give particulars _____

14. Have you ever been licensed as a chauffeur? _____
 If so, state when and where _____
15. Do you have a current driver's license? _____ List number and state _____
16. Have you ever had a driver or chauffeur license which was suspended or revoked? If so, give complete details _____

17. Have you had any moving traffic violations within the last 12 months? _____. If so, please list the offense and the date of each. _____

18. Please produce a current Colorado driver's license and Motor Vehicle Record.

NOTE: You must file with the Department of Excise and Licenses two affidavits of persons who will vouch for your character and reputation.

OATH OF APPLICANT		
<p>I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Taxi/Limousine Driver License.</p>		
Authorized Signature:	Title	Date

EMPLOYER

The undersigned supervising officers of the _____
 Company, hereby certifies that he has examined the application of _____
 _____ to be filed with the Department of Excise and Licenses for the
 issuance of a Taxi/Limousine Driver's License and finds same to be correct and in good order.
 The applicant is acceptable to us and will be employed upon issuance of license.

 Name Title

MEDICAL REPORT

This is to certify that I have examined the following person, this date, and my findings are as follows:

Name _____ Address _____

Ears _____ Eyes _____

Hearing Right _____ Hearing Left _____

Vision Right _____ Vision Left _____

Vision with Glasses Right _____ Vision with Glasses Left _____

Chest _____ Heart _____ Lungs _____

Blood Pressure _____ Upper Extremities _____ Lower Extremities _____

If candidate shows or gives history of epilepsy, heart trouble, tuberculosis or vertigo, please so state and give details. _____

In my opinion, the applicant (IS) (IS NOT) physically capable of performing the duties of Taxi/Limousine Driver.

_____ M.D.