

BEAUMONT POLICE DEPARTMENT
TAXICAB CHAUFFEUR'S LICENSE APPLICATION FORM

License fee \$15.00

Application For () NEW () RENEWAL

IT IS THE RESPONSIBILITY OF THE APPLICANT:

TO ENSURE ALL INFORMATION REQUIRED ON THIS APPLICATION OR DOCUMENTS THAT ARE REQUIRED TO SUPPLEMENT THE APPLICATION ARE SUBMITTED IN A CORRECT AND TIMELY FASHION. THE PERMIT APPLICATION AND ACCOMPANYING DOCUMENTS MUST BE SUBMITTED AS A SINGLE PACKAGE. FAILURE TO SUBMIT REQUIRED SUPPLEMENTAL INFORMATION, INACCURATE INFORMATION, MISLEADING STATEMENTS, FALSE ENTRIES AND SUBMISSION OF AN INCOMPLETE APPLICATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT WITH THIS APPLICATION:

- (1) Application for license
- (2) Acknowledgment and authorization form: Authorizing a criminal history background investigation.
- (3) Affidavits from two (2) reputable citizens of the City of Beaumont stating that the applicant is a trustworthy, sober and reliable person, of good moral character, and that applicant is competent to operate a taxi cab.
- (4) A certificate from a reliable physician of the City of Beaumont showing that such applicant is not disabled by reason of defective sight of hearing, and that such applicant is not crippled in any of his or her limbs and that he/she has no ailment which would prevent applicant from safely operating a taxicab.
- (5) A photocopy of current valid driver's license.
- (6) Two "passport" style photographs
- (7) License fee

THIS APPLICATION MUST BE FILLED IN INK. ALL QUESTIONS MUST BE ANSWERED IN A COMPLETE AND ACCURATE MANNER.

Name (Full): _____
Present Address: _____
Mailing Address: _____
City: _____
Home Phone: _____
Cell Phone: _____

Addresses During prior 5 years: _____

Last Place of Employment (Name and Address) _____

Sex: M () F () Date of Birth: _____ Age: _____ Race: _____
Height: _____ Weight: _____ Social Security # _____/_____/_____
Texas D. L. Number: _____ Expiration Date: _____

List all arrests/ citations/ summons that you have been issued for any violations of traffic laws in the State of Texas:

Have you ever had your driver's license suspended? If yes, give details as to the date and type of suspension, date lifted, state agency, etc.

() Yes () No _____

Have you ever been denied a driver's license for any reason? If yes give details.

List all arrests for any violation of criminal laws in any city, state or federal jurisdiction. Also state whether the arrest resulted in a conviction, and if a conviction, any sentence that was imposed.

State the length of time you have driven a motor vehicle _____

State the length of time you have driven in the City of Beaumont _____

List all states in which you have had a driver's license issued to you and the numbers of the drivers' licenses _____

I have read and am familiar with the code of the City of Beaumont which regulates the operation of taxicabs. I understand that any license I receive pursuant to this application may be revoked or suspended if I am negligent or careless in the operation of a taxicab. I have personally filled out this application and hereby swear and affirm that all information on this application is true and correct and that I have completely answered all questions and provided all information requested. I am aware that if I place any false information on this application or fail to provide complete information; my application may be denied by the Chief of Police.

Signature of Applicant _____

(Signed before a Notary Public)

STATE OF TEXAS
COUNTY OF JEFFERSON

Before me, the undersigned authority, on this date personally appeared _____, known to me to be the person whose name is subscribed to the forgoing instrument and after being by me duly sworn upon his/her oath deposes and states that he/she is the applicant named above and the facts stated in the forgoing application are true and correct.

Subscribed and sworn to before me this _____ day of _____, A.D. 20__

Notary Public in and for the State of Texas

APPLICANT'S FULL NAME _____
 Any Other Names Used _____
 Social Security No _____ / _____ / _____ Date of Birth _____
 Current Address _____ City _____
 State _____ Zip _____ Driver's License State _____ D.L. Number _____
 Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

City of Beaumont ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, appointment, volunteering or clinical rotation. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)Pre Check [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by City of Beaumont at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of City of Beaumont, and/or City of Beaumont itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date: _____
 Name: _____ DOB _____
 Last four digits of SSN _____

AFFIDAVIT

STATE OF TEXAS
COUNTY OF JEFFERSON

BEFORE me, the undersigned authority, on this day appeared _____, who by me here and now duly sworn upon his/her oath deposes and says:

“My name is _____. I am over the age of twenty-one (21) and have known _____ for ____ Years. I am competent to make this affidavit. I have personally reviewed his/her application for a taxicab chauffeur’s license. I know the applicant to be a trustworthy, sober and reliable person of good moral character and competent to operate a taxicab. I am not related to the applicant and have received no remuneration or compensation for my completing this affidavit.”

Affiant

Sworn and subscribed to me, the undersigned authority of this ____ day of _____ A.D. 20__.

Notary Public in and for the State of Texas

Print the following information:

Affiant’s full name _____
Affiant’s home address _____
Affiant’s telephone number _____

AFFIDAVIT

STATE OF TEXAS

COUNTY OF JEFFERSON

BEFORE me, the undersigned authority, on this day appeared _____, who by me here and now duly sworn upon his/her oath deposes and says:

“My name is _____. I am over the age of twenty-one (21) and have known _____ for ____ Years. I am competent to make this affidavit. I have personally reviewed his/her application for a taxicab chauffeur’s license. I know the applicant to be a trustworthy, sober and reliable person of good moral character and competent to operate a taxicab. I am not related to the applicant and have received no remuneration or compensation for my completing this affidavit.”

Affiant

Sworn and subscribed to me, the undersigned authority of this ____ day of _____ A.D. 20__.

Notary Public in and for the State of Texas

Print the following information:

Affiant’s full name _____
Affiant’s home address _____
Affiant’s telephone number _____