



Address: 25 Center Street Vermillion, SD 57069 * PH: (605) 677-7050 * FX: (605) 677-5461
Email: info@cityofvermillion.com Web: <http://www.vermillion.us>

**APPLICATION FOR TAXICAB DRIVER'S LICENSE OR
TRANSPORTATION NETWORK COMPANIES DRIVER'S LICENSE**

Name of corporation or company: _____

Address of company: _____

Phone of company: _____

Web site of company: _____

Is this application a renewal? Yes No

Personal History and Identification:

Name of Applicant: _____, _____, _____
(last) (first) (middle)

Address: _____, _____
(street) (city, state, zip)

Age: _____ DOB: _____ DL#: _____ State issued: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

Email: _____

Please list the local telephone number(s) at which you can be contacted and the hours you can be contacted:

Phone: () _____ Hours: _____ Phone: () _____ Hours: _____

Legal:

Have you been convicted of a felony within the past seven years? Yes No

Have you been convicted of three moving traffic violations within the past three years? Yes No

Have you been convicted of driving a motor vehicle while under the influence of an alcoholic beverage within the past seven years? Yes No

Have you had more than one prior offense of driving a motor vehicle while under the influence of an alcoholic beverage in the past ten years? Yes No

Have you been convicted of using, the possession of, or possession with intent to distribute any controlled drug or substance within seven years prior to the date of application? Yes No

Are listed on the National Sex Offender Registry database? Yes No

Have you previously been approved as a TNC driver? Yes No _____ if so, which company?

Have you ever been seen by a physician, received care or been diagnosed with epilepsy, vertigo, heart trouble, or any other infirmity of body and mind that might affect your ability to properly and safely drive a taxicab or Transportation Network Company personal vehicle? Yes No

Applicant Name: _____

If you have ever been arrested or convicted of any crime (excluding traffic), please provide details below.

Approx. Date	Agency & State	Circumstances & Disposition

Have you ever been on court probation as an adult? _____ If "yes" please give details (including when, where, why): _____

Traffic:

Please list all other states where you have been licensed to operate a motor vehicle with approximate issue date and expiration date.

Issue Date	DL#	State	Expiration Date

Please list all traffic citations (excluding parking) you have had in the last 5 years.

Nature of Violation	Location (City & State)	Date	Disposition

Employment History:

Starting with current employment, please list all jobs you have held in the past five years and the dates of employment. If additional space is required, please provide information on an additional sheet of paper.

Company Name	Street Address	City, State	Dates Employed

Applicant Name: _____

Is there anything you wish to discuss about your driving records, health or criminal record please indicate below and use reverse side of this form if needed.

Transportation Network Company affiliated drivers will need to provide vehicle inspection form for personal vehicles(s), certificates of insurance and present fare calculation method on digital network site.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I understand that any misrepresentations, falsification, or omission of facts called for in this application is cause for denial, revocation or non-renewal of this license.

Signature _____ Date _____

Please Return Application To:
City Manager
City of Vermillion
25 Center Street
Vermillion, SD 57069
Ph. (605) 677-7050
Email: info@cityofvermillion.com
Fee: \$25.00

NOTICE:
FAILURE TO DISCLOSE ANY CRIMINAL OR TRAFFIC OFFENSES
MAY RESULT IN THE DENIAL, REVOCATION OR NON-RENEWAL OF
THIS LICENSE