

TAXI CAB AND LIMOUSINE OWNER/DRIVER'S PERMIT NEW or RENEWAL

Each owner and/or driver must make an appointment with the Martinez Police Department for Live Scan fingerprinting and permit processing. Appointments are made by calling (925) 372-3410 and are scheduled Monday – Friday (excluding holidays); 0900 – 1500, depending on the availability of Live Scan operators.

Upon arriving at the police department for the scheduled appointment, each driver must present the following items. If the applicant is missing any of the items requested, the permit process will not begin and the applicant must make another appointment.

- Drug-Alcohol Testing Certificate (*must be completed within 3 months of application for taxi driver's permit*)
- Application for Taxicab Driver's Permit (completed by the applicant driver)
- Polaroid or passport photo
- Request for Live Scan Service completed by the applicant.
- \$187.00 check made payable to the City of Martinez (or cash) for Live Scan fingerprinting services and issuance of driver's permit. (\$25 rolling fee/\$32 DOJ/\$130 taxi driver's permit). Fees effective 7/01/09.
- Applicant's personal driver's license.

Taxi cab owner's and/or driver's permits must be renewed on an annual basis. It is the taxi cab driver's responsibility to contact the police department for a renewal appointment. All above listed documents must be available at the time of the appointment or another appointment will be scheduled. Fees are subject to change.

It is the taxi cab owner's responsibility to ensure any new employee drivers obtain a taxi cab driver's permit prior to operating a taxi cab in the city of Martinez. If the new employee had a City of Martinez taxi driver's permit issued under a different taxi cab company, he/she must obtain a new driver's permit under his current employer company.

The taxi cab driver's permit will not be issued immediately. It will be issued upon clearance from Department of Justice and completion of police department procedures, which could take up to two weeks. The applicant's employer will be notified by phone when the permit is ready for pick up by the driver.

APPLICATION FOR TAXICAB DRIVER'S PERMIT

MARTINEZ POLICE DEPARTMENT

Police Department Use Only
DMV _____ JAWS _____
Megan _____ Prints _____
Permit # _____
Expiration Date: _____

NAME: _____ ADDRESS: _____

PHONE: _____ CITY: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____

AGE: _____ SEX: M/F HEIGHT: _____ WEIGHT: _____ EYE: _____ HAIR: _____

PLACE OF BIRTH: _____ RACE: _____

SOCIAL SECURITY NUMBER: _____

LIST NAME, ADDRESS & LENGTH OF SERVICE OF LAST THREE (3) EMPLOYERS:

1. _____
2. _____
3. _____

Have you ever been arrested for a felony? yes no

Have you ever been arrested for a misdemeanor? yes no

If "yes", indicate offense date(s) and place(s) of arrest:

List prior traffic violations or infractions for the last three (3) years. If none, so state:

<i>Date</i>	<i>Charge</i>	<i>Court</i>	<i>Sentence</i>

Have you ever been licensed or are you licensed to operate a motor vehicle in a state or jurisdiction other than California? yes no

If "yes", indicate state(s), date(s) of license(s) and license number(s):

Signature of Employee recommending applicant

Applicant signature

Taxicab Company Name

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Clear Form

Applicant Submission

ORI: CA0071400 Type of Application: PERMIT
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: TAXI DRIVER

Agency Address Set Contributing Agency:

Martinez Police Department 07393
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
525 Henrietta Street Police Records
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Martinez CA 94553 (925) 372-3440
City State Zip Code Contact Telephone No.

Name of Applicant: (Please print) Last First MI
Alias: Last First Driver's License No:
Date of Birth: Sex: Male Female Misc. No. BIL - 140045
Agency Billing Number
Height: Weight: Misc. Number:
Home Address:
Eye Color: Hair Color: Street No. Street or PO Box
Place of Birth: City, State and Zip Code
Social Security Number:

Your Number: ca0071400
OCA No. (Agency Identifying No.)
Level of Service: DOJ FBI
If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name
Street No. Street or PO Box 07393
Mail Code (five digit code assigned by DOJ)
City State Zip Code (925) 372-3440
Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date
Transmitting Agency ATI No Amount Collected/Billed