



# City of Arlington, Texas

Ground Transportation Permitting Office  
Driver Permit Application

New  Renewal Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Application Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DRIVER INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

Height: \_\_\_\_ ft. \_\_\_\_ In Weight: \_\_\_\_ lbs. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

*If less than 5 years at the above address, list previous addresses for the past 5 years:*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Texas Driver's License No: \_\_\_\_\_ Class: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Restrictions: \_\_\_\_\_

Have you been previously issued an Arlington Taxi Driver's Permit \_\_\_\_ Yes \_\_\_\_ No Last year issued: \_\_\_\_\_

1. Have you ever applied for a City of Arlington Taxi Driver Permit? ..... \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever been denied a City of Arlington Taxi Driver Permit? ..... \_\_\_\_ Yes \_\_\_\_ No
3. Have you ever had a City of Arlington Taxi Driver Permit revoked? ..... \_\_\_\_ Yes \_\_\_\_ No
4. Do you have any physical impairment, physical or mental disease? ..... \_\_\_\_ Yes \_\_\_\_ No
5. Are you under indictment now or, in the last five years, have you been convicted or released from confinement imposed for conviction for a crime involving murder, kidnapping, a sexual offense, an assaultive offense, robbery, burglary, theft, fraud, tampering with a governmental record, prostitution / obscenity, carrying or possession of a weapon, a drug or controlled substance offense, or driving while intoxicated ..... \_\_\_\_ Yes \_\_\_\_ No
6. Has your state driver's license been suspended or revoked? ..... \_\_\_\_ Yes \_\_\_\_ No
7. Are there any charges pending or warrants outstanding against you? ..... \_\_\_\_ Yes \_\_\_\_ No
8. Are you addicted to the use of alcohol or narcotics? ..... \_\_\_\_ Yes \_\_\_\_ No

If any questions were answered "Yes" above, please provide a complete explanation. Include dates, locations and the current status of each item of the question below.

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

**(OVER)**

## **MOTOR VEHICLE ACCIDENTS**

List all traffic accidents you have been involved in, as the driver, in the last 5 years. Indicate if officers responded or a state accident report was filed. Also, describe what happened and list who was at fault.

Date	Location	Description

## **TRAFFIC OFFENSES**

List all traffic citations issued to you in the last 5 years (speeding, stop sign, parking, no insurance, expired registration, etc.) regardless of disposition.

Date	Violation	Location	Disposition

## **MEDICAL CERTIFICATION**

This is to certify that I have examined \_\_\_\_\_ the applicant, for a City of Arlington Taxi Driver Permit, on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and based on my examination reported herein, it is my opinion that the applicant is not afflicted with a physical impairment, physical or mental disease that is likely to otherwise endanger the public health or safety.

Physician's last Name, First Name	Physician's Signature or Stamp
Number and Street Address	Physician's License number
City                      State                      Zip	Phone Number

## **CERTIFICATE HOLDER AUTHORIZATION**

Notarized: I (the company owner or representative authorized to sign City of Arlington Driver Permit applications) do hereby certify the driver listed on this application will be driving for \_\_\_\_\_.  
Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

THE STATE OF TEXAS, COUNTY OF \_\_\_\_\_ I do hereby certify that on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ personally appeared before me (Company Authorized Signature only) declare that he or she is the person who signed the foregoing document and the statements therein contained are true.

**SEAL**

I (print name) \_\_\_\_\_, declare that I have examined this application and that all statements in the application are true and correct. And further, that any false statements or omissions may be cause for rejection of this application, or revocation of my driver permit. I further declare that I will comply with and abide by the requirements for the issuance and use of a driver permit, in accordance with the Transportation Chapter of the City of Arlington.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_