CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5105 Fax:(719) 385-5114

NOTICE

PLEASE DO NOT LEAVE MONEY WITH THIS APPLICATION AT THE POLICE OPERATIONS CENTER (705 S. NEVADA AVE). LEAVE THE *APPLICATION ONLY* IN THE BOX DESIGNATED FOR BACKGROUND CHECKS BETWEEN THE HOURS OF 8:00 A.M. AND 10:00 A.M. YOU MAY GO TO THE CITY CLERK'S OFFICE (30 S. NEVADA, STE 101) FOR LICENSING ON TUESDAY, WEDNESDAY AND THURSDAY BETWEEN THE HOURS OF 2:00 P.M. AND 4:00 P.M.

EACH TAXI DRIVER LICENSE APPLICANT MUST PROVIDE TO THE CITY CLERK'S OFFICE :

1. **FINGERPRINT CARD (1 EACH)**
2. **A REPORT OF PHYSICAL CONDITION ACCEPTED BY THE DEPARTMENT OF TRANSPORTATION**
3. **THREE (3) YEAR DRIVING RECORD AS MAINTAINED BY THE COLORADO DEPARTMENT OF MOTOR VEHICLES PRIOR TO DATE OF APPLICATION AND WITHIN THIRTY DAYS OF APPLICATION.**
4. **CERTIFICATION OF TRAINING FROM A PUC-LICENSED OPERATOR.**

IF YOU LEAVE THE APPLICATION AT THE POLICE OPERATIONS CENTER DURING THE APPROPRIATE TIME FOR PROCESSING, BUT CHOOSE NOT TO GET YOUR LICENSE THAT SAME DAY YOU MAY GO TO THE CITY CLERK'S OFFICE THE NEXT LICENSING DAY BETWEEN THE HOURS OF 8:00 A.M. AND 4:00 P.M.

TAXI LICENSES ARE PROCESSED ON TUESDAY, WEDNESDAY AND THURSDAY ONLY OF EACH WEEK.

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APPLICATION FOR TAXI DRIVER LICENSE

FAILURE TO TRUTHFULLY ANSWER ANY ITEMS OF THIS APPLICATION MAY RESULT IN DENIAL OF A LICENSE

APPLICATION FEE	**$**	**15.00**
LICENSE FEE	**$**	**95.00**
BACKGROUND CHECK FEE	**$**	**20.00**

§2.3.1004: Every application for a Taxi Driver license must be submitted with a certification of training from a PUC-LICENSED OPERATOR, one (1) each fingerprint card, a valid Colorado Class C Driver's License, a DOT physical and a DMV report for the last 3 years prior to date of this application. Applications may be submitted at the Police Operations Center Tuesday, Wednesday or Thursday of each week, during the hours of 8:00 a.m. and 10:00 a.m. Ap**plications turned in after 10:00 a.m. will not be processed until the next process day**. Applications are processed in the City Clerk's Office 2:00 p.m. to 4:00 p.m., Tuesday, Wednesday and Thursday..

1. Full Name of Applicant: _____
   Last First M.I.
2. Any other names by which you have been known: _____
3. Present Address:_____ City _____, State _____ Zip Code _____
4. Male ☐ Female ☐ Race _____ Height _____ Weight _____ Eye Color _____

   Hair Color _____ Date of Birth _____ Place of Birth _____

   Social Security # _____

   Home Phone: _____ Drivers License #: _____ Expiration Date _____
5. List residence addresses for 5 years prior to date of this application

   ADDRESS CITY/STATE FROM TO

   _____

   _____

   _____

   _____
6. Have you ever been licensed as a taxicab driver or chauffeur: Yes ☐ No ☐
7. Company You Will Be Working For: _____
8. List work history for 5 years prior to date of this application (LIST MOST RECENT FIRST)

   COMPANY SUPERVISOR FROM TO

   _____

   _____

   _____

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9. Have you ever been charged or convicted of a criminal offense, or traffic offense, fined, imprisoned, placed on probation, received a suspended sentence, or forfeited bail for any offense in criminal court? (Include misdemeanors and any pending charges). Yes ☐ No ☐

If yes, give nature of offense(s), date occurred, place occurred and penalties imposed for each offense:

_____

_____

_____

_____

10. Veteran of U.S. Armed Forces: Yes ☐ No ☐

If yes, have you ever been tried by a Military Court Martial? Yes ☐ No ☐

If yes, give nature of offense(s), date occurred, place occurred and penalties imposed for each offense:

_____

_____

11. Have you ever had a driver's license denied, suspended or revoked in this or any other state? Yes ☐ No ☐

If yes, provide details:

_____

_____

12. State any known physical or mental health problems:

_____

_____

13. Have you ever been involuntarily confined to a mental health institution? Yes ☐ No ☐

If yes, explain and provide location:

_____

_____

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SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with, the ordinances and regulations pertaining to this application. I further understand that any violation of the laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Dated:_____ _____
Signature of Applicant

State of Colorado)
) ss.
County of El Paso)

Subscribed and sworn to before me this _____day of _____, 20_____.

My Commission Expires: _____ _____
Notary Public