



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

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

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

- 1. 1 COMPLETED FINGERPRINT CARD**
- 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 PROCESS YOUR APPLICATION FOR LICENSING THAT SAME DAY, YOU MAY GO TO THE CITY CLERK'S OFFICE THE NEXT LICENSING DAY BETWEEN THE HOURS OF 8:00 A.M. TO 4:30 P.M.

TAXI LICENSE APPLICATIONS ARE PROCESSED MONDAY THRU FRIDAY.



CITY OF COLORADO SPRINGS

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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 completed 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 the application. Applications may be submitted at the Police Operations Center Monday thru Friday during the hours of 8:00 a.m. to 10:00 a.m. **Applications 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 8:00 a.m. to 4:30 p.m., Monday thru Friday.

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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