BOISE CITY

TAXICAB DRIVER
LICENSE APPLICATION

OFFICE USE ONLY

DATE _____ **CITY LICENSE #** _____

❑ **NEW** ❑ **RENEWAL**

❑ **MEDICAL CERTIFICATE**

❑ **IDAHO DRIVER'S LICENSE (COPY)**

❑ **FINGERPRINTS** ❑ **BACKGROUND CHECK**

NON REFUNDABLE FEES:

LICENSE	$ 35.50	PHOTO	$ 5.00
FINGERPRINTS	$ 42.00	PROCESSING	$ 1.50

TOTAL FEES DUE . . . . . _____

Do you have any outstanding criminal charges pending against you? ❑ **YES** ❑ **NO**
IF YES, STOP HERE. You Must speak to a License Enforcement personnel before completing this application.

EACH NEW APPLICANT FOR A TAXI CAB DRIVER LICENSE SHALL SUBMIT WITH THE APPLICATION A CURRENT DEPARTMENT OF TRANSPORTATION (D.O.T.) MEDICAL CARD FROM A LICENSED PHYSICIAN SPECIFICALLY STATING THAT THE APPLICANT HAS MET ALL OF THE PHYSICAL REQUIREMENTS AS OUTLINED IN THE CODE OF FEDERAL REGULATIONS 49 CFR PART 391.41.

NAME OF APPLICANT _____
First Middle Last

DRIVER'S LICENSE NUMBER _____

EMAIL ADDRESS _____ PHONE _____

OTHER NAMES KNOWN BY (including maiden) _____

RESIDENCE ADDRESS _____
Street City Zip

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) Street City Zip

HAVE YOU BEEN A RESIDENT OF THE STATE OF IDAHO FOR AT LEAST THREE (3) YEARS? ❑ YES ❑ NO

TAXI CAB COMPANY EMPLOYED BY _____

OVER

SELF DECLARATION STATEMENT

YES*	NO	
____	____	HAVE YOU HAD A SIMILAR LICENSE REVOKED BY THIS CITY OR ANY OTHER CITY OF THIS STATE OR OF THE UNITED STATES WITHIN THE PRECEDING FIVE (5) YEARS?
____	____	HAVE YOU BEEN, WITHIN FIVE (5) YEARS PRIOR TO THE DATE OF MAKING APPLICATION FOR SUCH LICENSE, CONVICTED OF OR RECEIVED A WITHHELD JUDGEMENT FOR ANY FELONY?
____	____	HAVE YOU BEEN, WITHIN FIVE (5) YEARS PRIOR TO THE DATE OF MAKING APPLICATION FOR THIS LICENSE; CONVICTED OF OR RECEIVED A WITHHELD JUDGEMENT FOR ANY MISDEMEANOR INVOLVING:
____	____	a. the use of force against the person or property of another;
____	____	b. the threat of force against the person of another;
____	____	c. theft or larceny;
____	____	d. the illegal use, possession, transfer or sale of alcohol, illicit drugs or drug paraphernalia;
____	____	e. possession of a concealed weapon; or
____	____	f. illicit sexual conduct.
____	____	DO YOU HAVE, AS OF THE DATE OF THIS APPLICATION AN OUTSTANDING WARRANT OR ARE CURRENTLY SERVING A TERM OF PROBATION AND/OR PAROLE?
____	____	HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER, PURSUANT TO THE SEXUAL OFFENDER REGISTRATION NOTIFICATION AND COMMUNITY RIGHT-TO-KNOW ACT, IDAHO CODE 18-8301, et seq., AND THE JUVENILE SEX OFFENDER REGISTRATION NOTIFICATION AND COMMUNITY RIGHT-TO-KNOW ACT, IDAHO CODE 18-8401, et seq.?
____	____	HAVE YOU EVER BEEN CONVICTED OF OR RECEIVED A WITHHELD JUDGMENT FOR ANY FELONY OR MISDEMEANOR INVOLVING THE SEXUAL ENTICEMENT OF MINORS?
____	____	HAVE YOU BEEN, WITHIN FIVE (5) YEARS PRIOR TO THE DATE OF MAKING APPLICATION FOR THIS LICENSE; INCARCERATED IN ANY JAIL OR PRISON AS A RESULT OF ANY FELONY CRIMINAL VIOLATION

IN ACCORDANCE WITH BOISE CITY CODE 5-24-3-D-6, **THE ABOVE OFFENSES / CONDITIONS ARE REASONS FOR DENIAL OF A TAXI CAB DRIVER LICENSE.**

NO LICENSE SHALL BE GRANTED TO ANY APPLICANT WHERE SATISFACTORY PROOF IS SUBMITTED THAT SUCH APPLICANT OPERATES MOTOR VEHICLES IN AN UNSKILLFUL, DANGEROUS OR RECKLESS MANNER, OR HABITUALLY USES INTOXICATING LIQUOR OR DRUGS, OR WHO REPEATEDLY VIOLATES THE LAWS OF THE CITY RELATING TO TRAFFIC OR TO THIS CHAPTER.

THIS LICENSE DOES NOT AUTHORIZE SOLICITING FARES WITHIN BOISE PARKS. OPERATION IN THE BOISE PARKS IS ONLY ALLOWED WHEN RESPONDING TO A CALL FOR PICKUP.

STATEMENT OF OATH

I hereby authorize the city of boise, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I swear and affirm, under penalty of perjury pursuant to title 18, chapter 54 idaho code, that the statements contained in the above application for a Taxi Cab Driver License are true and correct to the best of my knowledge.

_____Date _____

SIGNATURE OF APPLICANT

STATE OF IDAHO
> ss
COUNTY OF ADA

On this _____ day of _____ in the year _____, before me the undersigned, a Notary Public, personally appeared_____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he / she executed the same.

_____

NOTARY PUBLIC FOR IDAHO

RESIDING AT_____, IDAHO

MY COMMISSION EXPIRES_____