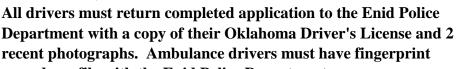
## APPLICATION FOR PUBLIC CONVEYANCE

(Ambulance, Taxi, Limousine, Drivers for Hire)

Fee: Company - \$250.00 Per Year Driver: - \$25.00 Per Year





records on file with the Enid Police Department. Company Name in which you are employed and registered with the Oklahoma Secretary of State? Organization Mailing Address (Business): Phone Number (Business): \_\_\_\_\_ Full Legal Name: Alias or Previous Names: State: \_\_\_\_\_ Zip Code: \_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: Social Security Number: \_\_\_\_\_ Date of Birth: \_\_ OK Driver's License Number: \_\_\_\_\_ License Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Driver Information Hair Color: \_\_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ **ATTACH 2** Have you ever been licensed in another state as a chauffeur or **PHOTOGRAPHS** conveyance driver? [ ] Yes [ ] No If yes, list the state and license number: Have you ever had a chauffeur or conveyance driver's license revoked? [ ] Yes [ ] No If yes, state the date and reason. How long you have lived in Enid? \_\_\_\_\_ List all places of residence from the last three years: Address **City** State

	List all places of employment for the last (3) years:		
	<b>Company Name</b>	<u>Address</u>	Phone Number
Driver Information (Cont.)			
	List previous experience in driving public conveyance vehicles:		
ma	Have you ever been arrested for a crime, either misdemeanor or felony? [ ] Yes [ ] No If yes, list all arrests, including the offense, year of arrest, if there was a conviction, sentence, and court		
tior	of record.	offense, year of affest, if there wa	s a conviction, sentence, and court
) (	<u>Offense</u> <u>Year</u>	<b>Conviction</b> Senten	ce Court of Record
on			
ıt.)			
	I hereby certify that all of the above information is true and correct, and that false and/or omitted		
	information is grounds for license denial or revocation.		
	Sign	ature of Applicant	Date
CITY OF ENID USE ONLY		Police Department Use Only	
	[ ] Local Records Check	Record [] Yes [] No	Initials: Date:
	[ ] Criminal History Check		Initials: Date:
	[ ] Fingerprints	[ ] New [ ] On File	
	[ ] Approved [ ] De	nied	
	Chief of Police or Designee		
	City Clerk's Office Use Only		
	License Number:	Expiration Date:	<u></u>
		1	
Y	Amount Collected:	By:	