

TNC/TAXI/LIMOUSINE DRIVER APPLICATION/RENEWAL



CITY OF GRANTS PASS

101 NW A ST, DEPARTMENT OF PUBLIC SAFETY

GRANTS PASS, OR 97526

P: 541.450.6260 F: 541.476.8527

www.grantspassoregon.gov

TNC/TAXI/LIMOUSINE DRIVER APPLICATION/ANNUAL RENEWAL FEE.....\$60.00

APPLICANT INFORMATION

Full Legal Name _____ Date of Birth _____ SSN: _____

Physical Address _____

Mailing Address (if different) _____

Phone Number _____ Email _____

TNC/Taxi/Limousine Company or Companies Driving for: _____

TNC/Taxi/Limousine Contact and Phone Number _____

REQUIRED MATERIALS

- COPY OF VALID DRIVERS LICENSE
- COPY OF THIRD PARTY CRIMINAL BACKGROUND CHECK
- COPY OF MOTOR VEHICLE REGISTRATION (TNC DRIVERS ONLY)
- COPY OF AUTOMOBILE INSURANCE (TNC DRIVERS ONLY)
- COPY OF ELIGIBILITY TO DRIVE FOR TNC (TNC DRIVERS ONLY)

I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provision of City of Grants Pass Municipal Code 4.16.010 through 4.16.080 governing the license for which I am applying.

Applicant Signature _____ Date: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

License #

License Fee \$ _____

Additional Fees \$ _____

TOTAL \$ _____

Receipt No. _____

Receipt Date _____

Initials _____