



COMMUNITY DEVELOPMENT DEPARTMENT

Code Administration Division

129 North Second Street, 2nd Floor Yakima, Washington 98901

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codes@yakimawa.gov www.buildingyakima.com

TAXI DRIVER'S LICENSE APPLICATION
YMC 5.78

Fee:	Temp Driver License/App Fee (non-refundable)	\$10.00
	Driver's License	\$11.00
	Background Check(WATCH)	\$11.00
	Fingerprinting may be required:	\$10.00 (at Yakima Police Department)
	WSP	\$58.00(Money order made out to WSP)

Please supply a driver's abstract for the last 5 years

Applicant Info:

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____ How long at this address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Alternate Phone: _____
 E-mail: _____ Date of Birth: _____
 Drivers License #: _____ State: _____ Exp: _____
 Soc. Sec. #: _____ Place of Birth: _____
 Height: _____ Weight: _____ Marital Status _____ Hair Color _____ Eye Color _____

Taxi Driver History:

Prospective Employer: _____

List previous places of residency for the last five years: _____

Last Place of employment: _____

Have you previously been issued a taxi driver's license? If so, where? _____

Have you ever had a driver's license in another state? If so, please give license # and state: _____

Has your driving privilege ever been suspended or revoked in this or any other state? If so, please explain: _____

Have you ever been convicted of a crime, other than minor traffic violation? If so, list each conviction, approximate date of conviction, name and location of court, the crime charged and final disposition: _____

Business Info:

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____ Fax: _____
E-mail: _____
Vehicle Insurance Co.: _____ Policy Exp. Date: _____
Vehicle License #: _____

Applicant's certification and authorization:

The issuance of this license does not entitle you to conduct business in violation of any other federal, state or local laws applicable to the business operation. Deliberate omissions or falsifications on any part of this form will result in cancellation of the license and may subject the applicant to criminal charges. Prior to placing any vehicle into service vehicles must be certified as having been inspected by the Yakima Police Department, Traffic Division. In addition, proof of inspection by the Yakima Police Department, Traffic Division, within one year of renewal of for-hire permit will be required. I certify that under the penalty of perjury that to the best of my knowledge all information is true and correct.

By signature below, the undersigned applicant authorizes use and disclosure of applicant's protected health information as set forth in the physician's responses to the attached "Health Certification," to the City of Yakima, the designated recipient of the information.

Applicant's signature

Date

State of Washington }
 }
County of Yakima }

I, the undersigned, a notary public in and for the State of Washington, hereby certify that on this _____ day of _____, 20__ personally appeared before me _____, known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she signed and sealed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington

Printed Name

Health Certification (to be completed by a Physician):

YMC 5.78.190(3) requires an applicant for a taxicab or vehicle for hire license to submit a certification from a medical doctor, or the Yakima County health district, certifying that applicant is free from any infirmities of body or mind likely to render him unfit to drive a for-hire vehicle, and specifically that applicant is free from epilepsy, vertigo or heart trouble. As a medical officer, or the Yakima County health district, please provide the following information regarding the applicant named below.

Vision: Good _____ Fair _____ Poor _____

Patient is now in what state of health? Good _____ Fair _____ Poor _____

Does patient have heart trouble? Yes _____ No _____

Does patient have history of epilepsy? Yes _____ No _____

Has patient ever been troubled by vertigo? Yes _____ No _____

Has patient lost much weight in the past year? Yes _____ No _____

Does patient have any physical or mental condition likely to render patient unfit to drive a for-hire vehicle? If yes, please explain: _____

Has patient been seen by a physician within the past year? Yes _____ No _____

Does the patient have any type of illness? If yes, please explain: _____

Name and address of physician: _____

Signature of Physician: _____ Date _____