



TAXI DRIVER'S LICENSE APPLICATION

License No. _____

NAME OF APPLICANT:		
(last name)	(first)	(middle name(s))
Address:	Apt. No.	P. O. Box No.
City:	Province:	Postal Code:
Phone No.:	Date of Birth: _____ \ _____ \ _____ (day/month/year)	
Colour of Eyes:	Hair:	Height: Weight: <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License No:		
Previous address (if less than two years):		
Length of Residence in this Municipality: From to		
1. Provide name of company you will be employed by:		
2. Are you legally permitted to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you currently licensed as a driver in any other municipality in Ontario? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you previously been licensed as a driver in the Municipality of Wawa or any other municipality in Ontario? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever had any license or registration of any kind, excluding Ontario Driver's License, refused, suspended, revoked or cancelled? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are there any unpaid judgments outstanding against you? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever been convicted under any law of any country, state or province thereof of any criminal offence for which a pardon has not been granted? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is your Ontario Driver's License current and valid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you been convicted under the Highway Traffic Act in the last three (3) years? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever been convicted under the Liquor Licence Act? If yes, give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Dated this _____ day of _____, 20_____

Signature of Applicant: _____

Approved by By-Law Officer: _____

Remarks: _____

Issued this _____ day of _____, 20_____

Fee: _____ Receipt No. _____

Clerk or Treasurer