

New Application

Renewal



**Note:** ALL fields on this Application form must be completed before the application can be processed. If any fields are irrelevant to you, please indicate this by entering "N/A".

**Personal Information**

Full Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Provincial Driver's Licence Information**  
 (Please attach a copy of your Driver's Licence to this form.)

Class: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Expiry: \_\_\_\_\_

**Declaration**

*I submit this application for a licence to drive a taxi, and declare the information provided to be true. As well, I authorize a police service and the Solicitor General's Department to provide Strathcona County with information on any criminal charges and convictions on my driving record.*

**Signature of Applicant:** \_\_\_\_\_  
 (Application will not be processed, if left blank).

**Date:** \_\_\_\_\_

**Applicant Checklist**

	Date Issued/Complete	Initials
<input type="checkbox"/> Consent to Release Information	_____	_____
<input type="checkbox"/> Criminal Record/Vulnerable Sector Check (within 30 days of application)	_____	_____
<input type="checkbox"/> GST # _____	_____	_____

**For Office Use Only**

Receipt #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Collection and use of personal information**

Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to process and issue the Permit. If you have any questions about the collection, use or disclosure of your personal information, contact Administrative Assistant, Strathcona County Enforcement Services, Strathcona County at 780-449-0170.