

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: _____	Employer: _____
Birthdate: _____	Employer Address: _____
Address: _____	City: _____
City: _____	Postal Code: _____
Postal Code: _____	Phone: _____
Phone: _____	
Cell Phone: _____	
Home Email: _____	

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 permit 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"/> Copy of Valid Class 1, 2 or 4 Driver's Licence	_____	_____
<input type="checkbox"/> Driver's Abstract (within 30 days of application)	_____	_____
<input type="checkbox"/> Criminal Record/Vulnerable Sector Check (within 30 days of application)	_____	_____

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 manage and administer Strathcona County Taxi Permits. If you have any questions about the collection, use or disclosure of your personal information, contact Strathcona County Enforcement Services at 780-449-0170.