

CASE # _____

COMBINED APPLICATION FOR CITY OF URBANA & CITY OF CHAMPAIGN VEHICLE FOR HIRE DRIVER LICENSE

PLEASE PRINT

DATE _____

NAME _____
LAST FIRST MIDDLE

LOCAL ADDRESS _____
STREET CITY ST ZIP

PERMANENT ADDRESS _____
STREET CITY ST ZIP

PHONE _____ SOCIAL SECURITY NUMBER _____

WHICH VEHICLE FOR HIRE COMPANY WILL YOU DRIVE FOR? _____

COMPANY ADDRESS _____
STREET CITY ST ZIP

COMPANY PHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
MONTH / DAY / YEAR CITY / STATE / COUNTY

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ SEX _____ RACE _____

DRIVERS LICENSE _____
NUMBER STATE CLASS (ES)

HAS YOUR VEHICLE OPERATOR'S LICENSE FOR THIS STATE, OR ANY STATE, BEEN SUSPENDED WITHIN THE LAST FIVE (5) YEARS: _____ IF YES, EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENSE? _____ IF YES, GIVE DATE, CHARGES AND DISPOSITION _____

ARE YOU FAMILIAR WITH THE TRAFFIC LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES COVERING VEHICLES FOR HIRE IN THE CITIES OF CHAMPAIGN AND URBANA? _____

DO YOU HAVE A VALID COMMERCIAL DRIVER'S (CDL) LICENSE? [] NO [] YES IF NOT, YOU ARE NOT ELIGIBLE TO OPERATE A VEHICLE DESIGNED TO TRANSPORT 16 OR MORE PERSONS. BY SIGNING THIS FORM, YOU ARE AGREEING NOT TO OPERATE SUCH A VEHICLE.

(ANY FRAUDULENT STATEMENTS WILL BE GROUNDS FOR REVOCATION OF THIS CITY VEHICLE FOR HIRE DRIVERS LICENSE.)

SIGNED _____
APPLICANT SIGNATURE PRINT NAME

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 2_____.

NOTARY _____

SEAL

COMMISSION EXPIRES: _____

THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSON HAS COMPLIED WITH THE CITY OF URBANA AND THE CITY OF CHAMPAIGN RELATING TO THE ISSUANCE OF A VEHICLE FOR HIRE DRIVERS LICENSE AND THE APPLICANT HAS DEMONSTRATED HIS ABILITY TO DRIVE A MOTOR VEHICLE AS EVIDENCED BY THE POSSESSION OF A VALID STATE OF ILLINOIS OPERATORS LICENSE.

FINANCE	FOR OFFICE USE ONLY	POLICE
JULY 1 – JUNE 30, _____		
LICENSE # _____		APPROVED / DISAPPROVED
DATE ENTERED _____		BY _____ POLICE OFFICIAL
LICENSE FEE \$ _____		

AUTHORIZATION

POLICE RECORD SEARCH

I hereby authorize and empower the City of Urbana and City of Champaign, Illinois and its agents to conduct a police record search;

SIGNED ON _____ AT _____
DATE LOCATION

SIGNATURE _____

NAME _____
PLEASE PRINT LAST FIRST MIDDLE INT.

ALIAS NAMES USED (MAIDEN, ETC.) _____

ADDRESS _____
STREET/BOX NUMBER APT. #
CITY STATE ZIP

PHONE NUMBER _____
(AREA CODE)

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____
MO / DA / YR

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ / _____
STATE