



**CITY OF URBANA / CITY OF CHAMPAIGN VEHICLE FOR HIRE  
DRIVER LICENSE APPLICATION**



**PLEASE PRINT**

**CASE #** \_\_\_\_\_

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

LOCAL ADDRESS \_\_\_\_\_  
STREET CITY ST ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY ST ZIP

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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 VEHICLES FOR HIRE LICENSE FOR THIS JURISDICTION, STATE, OR ANY STATE, BEEN SUSPENDED WITHIN THE LAST SIX (6) MONTHS? \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_
- 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? \_\_\_\_\_ IF NO, YOU ARE NOT ELIGIBLE TO OPERATE A VEHICLE DESIGNED TO TRANSPORT 16 OR MORE PERSONS.

*UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.*

**SIGNED** \_\_\_\_\_  
APPLICANT SIGNATURE PRINT NAME

**SUBSCRIBED AND SWORN TO BEFORE ME THIS** \_\_\_\_ **DAY OF** \_\_\_\_\_, **20** \_\_\_\_.

**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
NOVEMBER 1 – OCTOBER 31, _____		
LICENSE # _____		<b>APPROVED / DISAPPROVED</b>
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 \_\_\_\_\_  
LAST FIRST M.I.

ALIAS NAMES USED (MAIDEN, ETC.) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET/BOX NUMBER APT. #  
CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_  
(AREA CODE)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS.  
MO / DA / YR

SOCIAL SECURITY NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_  
STATE CLASS