

# City of Corner Brook

## Taxi Driver Application Form

Full Name:	_____	Application Date:	_____
Address:	_____	Driver's Lic. #:	_____
	_____	License Class:	_____
	_____	Age:	_____
Telephone:	_____		

### DECLARATION:

I \_\_\_\_\_ of the province of Newfoundland and Labrador do solemnly declare, conscientiously believing it to be true, and know that it is of the force and effect as if made under oath, that the information contained in this application is correct and conforms with the requirements of the City of Corner Brook Taxi Regulations.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxi Inspector

### Office Use Only

- |                                   |           |               |
|-----------------------------------|-----------|---------------|
| 1) Application Status:            | _____     | (New/Renewal) |
| 2) Valid Driver's License         | Yes _____ | No _____      |
| 3) Age Requirements:              | Yes _____ | No _____      |
| 4) Proof of Insurance (under 25): | Yes _____ | No _____      |
| 5) Application Approved:          | Yes _____ | No _____      |
| 6) Appeal:                        | Yes _____ | No _____      |