



## AUTO TRANSPORTATION SERVICE DRIVER'S LICENSE APPLICATION CHECKLIST

Please submit the following with your application:

- Color photo (passport size) to affix to the City of Hailey license.
- \$34.00 fingerprinting fee (if applicable). Exempt from fingerprint requirement if driver presents proof of a current records check submission with another local agency, in the same year that this application is filed, and the Hailey Chief of Police or City Council approves.

Please note:

- Applicant must be at least 21 years of age.



# AUTO TRANSPORTATION SERVICE DRIVER'S LICENSE APPLICATION

## Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Idaho DL #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

How long have you been a resident of Hailey? \_\_\_\_\_

Have you been licensed as a taxi driver before? When and with what company?

## Employer Information

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

1. Have you within the last three (3) years been convicted of, or received a withheld judgement, been placed on probation, forfeited a bond for failure to appear for any felony or misdemeanor charge, or have any outstanding warrants?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you had a similar license revoked, denied or suspended by this city or any other city of this state, or of the United States, within the past three (3) years?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you affirm that the information contained in this application is true and correct to the best of your knowledge?

Yes  No

*I hereby authorize the city of Hailey, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I understand that my license will expire annually on December 31<sup>st</sup>.*

### Official Use Only

New  Renewal

Color Photo

Police Check  Approved

Fingerprints

Fingerprint Fee  **\$34.00**

Applicant Signature: \_\_\_\_\_

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