

Taxi License Application
Board of Public Safety

- **Complete this form in its entirety except for the last page.**
- **New license fee \$50, Renewals \$25, Late fee \$10, Pictures \$5. Fees are paid after the background checks are received, and you have been conditionally approved by the Weights & Measures Office. Fees must be paid by cash, money order, or cashiers check.**
- **You must currently possess a Public Passenger Chauffeur (PPC) or Commercial Drivers License (CDL).**
- **If you have ever had a driver's license suspension or revocation, we will require a copy of your driver's license abstract. You can obtain an abstract through the Bureau of Motor Vehicles at the Pine Valley Mall**
- **Due to recent policy changes, you must supply our office with a criminal history background check from the Allen County Police Department. This can be obtained at the Justice Center 101 Superior Street (NE Corner of Calhoun & Superior.)**
- **Once completed, the application may be delivered in person or mailed to the City of Fort Wayne Dept. of Weights and Measures 305 Murray Street Fort Wayne, IN 46803 Attn Gary Brown.**
- **Contact the Weights and Measures Office at 427-1157 with any questions.**

PLEASE NOTE: Read and answer each question carefully. Applicants knowingly making a false statement of fact required to be revealed in this application will result in the denial of their license.

I have read and understand the above information and instructions

Signature

APPLICATION FOR TAXI DRIVERS LICENSE

Fort Wayne Board of Public Safety

DATE: _____

APPLICANT NAME

LAST, FIRST, MIDDLE

ADDRESS

STREET CITY STATE ZIP

TELEPHONE NUMBER _____

DATE OF BIRTH _____ **SS#** _____

HEIGHT _____ **WEIGHT** _____ **EYES** _____ **HAIR** _____

**INDIANA PUBLIC PASSENGER CHAUFFEUR or COMMERCIAL DRIVER'S
LICENSE NUMBER** _____

EXPIRATION DATE _____

US CITIZIN? YES _____ NO _____

IF NON-CITIZIN, WHAT IS YOUR VISA STATUS? _____

1. HAVE YOU EVER HAD YOUR STATE DRIVERS LICENSE SUSPENDED OR REVOKED?

YES _____ NO _____

IF YES, IDENTIFY THE REASON OR REASONS FOR THE SUSPENSION OR REVOCATION.

- _____
- _____

2. HAVE YOU BEEN CONVICTED OF ANY FELONY OFFENSE WITHIN THE PAST FIVE YEARS?

YES _____ NO _____

IF YES, LIST OFFENSE(S).

- _____
- _____
- _____
- _____

3. HAVE YOU EVER BEEN CONVICTED OF ANY ACT INVOLVING DISHONESTY, FRAUD OR DECIET?

YES _____ NO _____

IF YES LIST OFFENSE(S).

- _____
- _____
- _____
- _____

4. ARE YOU CURRENTLY ON PAROLE OR PROBATION?

YES _____ NO _____

5. HAVE YOU HAVE EVER BEEN ADDICTED TO THE USE OF ALCOHOL OR ANY CONTROLLED SUBSTANCE, AS DEFINED IN THE STATE CRIMINAL CODE

YES _____ NO _____

IF YES, IDENTIFY THE SOURCE(S) OF YOUR ADDICTION, AND TIME PERIOD(S) OF YOUR ADDICTION.

- _____
- _____

6. DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITIES OR INCAPACITIES?

YES _____ NO _____

IF YES, PLEASE IDENTIFY THE DISABILITY OR INCAPACITY AND STATE WHETHER IT WOULD INTERFERE WITH YOUR ABILITY TO PROPERLY MANAGE AND CONTROL A MOTOR VEHICLE.

- _____
- _____
- _____

7. ARE YOU PRESCRIBED ANY MEDICATION(S) THAT YOU TAKE ON A REGULAR OR EPISODIC BASIS?

YES _____ NO _____

IF YES, PLEASE LIST YOUR MEDICATION(S)

- _____
- _____
- _____
- _____

ANY TAXI DRIVER HOLDING A LICENSE ISSUED BY THE FORT WAYNE BOARD OF SAFETY IS SUBJECT TO THE RULES AND REGULATIONS ISSUED BY THE BOARD AND MAY BE FINED FOR VIOLATION OF THOSE RULES AND REGULATIONS. IN ADDITION, THE LICENSE MAY BE SUSPENDED OR REVOKED FOR SUCH VIOLATIONS. APPEALS TO ANY FINES, SUSPENSIONS OR REVOCATIONS MAY BE MADE AS SET OUT IN FORT WAYNE CITY CODE, CHAPTER 116, TAXICABS

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE,

TO: CHIEF OF POLICE

FORT WAYNE POLICE DEPARTMENT

I hereby authorize and give my consent to the release of my criminal record, if any, by the City of Fort Wayne Indiana Police Department as may be required for the purpose of employment or personal use.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Fort Wayne, the City of Fort Wayne Indiana Police Department, or any of its officers or employees as a result of release of such records.

DATE

PRINT FULL NAME

(MAIDEN)

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

STATE OF INDIANA,)
) SS:
COUNTY OF ALLEN)

BEFORE ME THIS _____ DAY OF _____, 20____, APPEARED

AND BEING DULY SWORN UPON HIS/HER/THEIR OATH, STATED THAT ALL
OF THE ANSWERS MADE HEREIN ARE TRUE TO THE BEST OF THEIR
KNOWLEDGE AND BELIEF.

NOTARY PUBLIC

MY COMMISSION EXPIRES
