

INDIVIDUAL TAXI CAB DRIVER INFORMATION FORM

200 NE Moe Street
Poulsbo, Washington 98370-7347
(360) 394-9880

Name of Principal Taxi Cab Operator	
The Following Information Must Be Completed For Each Taxi Cab Driver.	
Driver's Name (first, middle initial, last)	
Driver's Mailing Address (address, city, state, zip)	
Driver's Physical Address (address, city, state, zip)	
WA State Driver's License #	Date of Birth
Weight	Height
Hair Color	Eye Color
Has applicant been cited for any traffic offenses within the last five (5) years? Yes/No	
If Yes, Describe Fully <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Has applicant been convicted of a crime during the past five (5) years? Yes/No	
If Yes, Describe Fully <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
A Signature Is Required To Process The Application	
I hereby certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
_____ Signature of Driver	_____ Date