



**SAN JOSE POLICE DEPARTMENT**  
**PERMITS UNIT**  
 HOURS OF OPERATION:  
 TUE - FRI 8:30 am - 4:00 pm  
**All Fees are Non-Refundable**



**TAXI DRIVER APPLICATION**

ORIGINAL APPLICATION

RENEWAL APPLICATION

TRANSFER

1. Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Approved Government ID with Photo No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3. Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_

4. DOB \_\_\_\_\_  M  F HT \_\_\_\_\_ WT \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

6. Can you read and understand English?  YES  NO

7. Have you ever been convicted of **ANY** crime or a criminal citation?  YES  NO  
 If so, when, where, and for what? \_\_\_\_\_

8. I am aware of, and was given a copy of the SJMC Taxi Regulations by: BIKRAM JEET SINGH  
name of company owner/manager

9. Intended employer (name of business) CALIFORNIA CAB CO. / ALPHA CAB CO.

Address 505 ASBURY ST City SAN JOSE Zip 95110 Phone # 408-295-9500

10. List all employers you have had during the last three years: (Names, Addresses, & Phone #'s):  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Have you driven a taxi for another company?  YES  NO If so, for whom? \_\_\_\_\_

12. Has any driver license issued to you by a state or governmental agency ever been revoked?  Y  N

13. Do you use any substance that will impair your physical ability to drive?  Y  N

14. If you answered yes to questions #12, or 13, please explain: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Driver's Signature: \_\_\_\_\_

**APPROVAL FROM TAXI COMPANY:** \_\_\_\_\_

signature  
BIKRAM JEET SINGH  
print

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

**Approval from Taxi Company Date:** \_\_\_\_\_





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**TAXI DRIVER COMPLIANCE FORM**

Dear Taxi Company Permittee:

It has come to the attention of the Permits Unit that the screening of the taxi driver applicants has been inadequate as evidenced by the increasing failure of applicants. Section 6.64.460 B6 of the San Jose Municipal Code mandates those applications for a taxicab driver’s permit shall contain the following:

“This endorsement by the owner, by whom the applicant is to be employed or engaged under contract as a taxicab driver, on the application stating that the applicant has acquired proficient knowledge of the traffic laws of the State of California and the City of San Jose, and of the streets of the City, as well as the ability to read and understand English, and to safely operate a public transportation vehicle in the City.”

The responsibility rests with the holders of the Taxi Company license to comply with the above section. The Taxi Company license may be jeopardized by the failure to comply with the above section.

In order to have a method of certifying the above process has been completed, each taxi driver applicant must have a properly filled out copy of this document attached to any application submitted by a taxi driver applicant to the Permits Unit.

**I CERTIFY UNDER PENALTY OF PERJURY AND WITH THE UNDERSTANDING THAT I AM COMPLYING WITH SECTION 6.64.460 B6 THAT THE TAXI DRIVER APPLICANT WHOSE NAME APPEARS BELOW HAS BEEN SCREENED BY ME AND HAS THE NECESSARY PROFICIENCY AS REQUIRED BY THE ABOVE SECTION. I ALSO CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE HOLDER OF THE TAXI COMPANY LICENSE.**

Name of the taxi driver applicant \_\_\_\_\_  
**(Print)**

Name of the authorized taxi company representative BIKRAM JEET SINGH  
**(Print)**

Signature of authorized taxi company representative \_\_\_\_\_  
**(Signature)**

Date of application \_\_\_\_\_

**THIS FORM MUST ACCOMPANY EVERY TAXI DRIVER APPLICATION**



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**AUTHORIZATION TO RELEASE DRUG & ALCOHOL TEST RESULTS**

California Government code Section 53075.5 requires compliance with a mandatory controlled substance and alcohol testing certification program as a condition for issuance of a taxicab driver's permit. The approval of a taxi driver permit by the Chief of Police of the San Jose Police Department is conditioned upon the Department's receipt of this authorization to obtain and release the results of all drug and/or alcohol tests and any refusal by me to undergo such testing.

**APPLICANTS AUTHORIZATION**

I hereby authorize the City of San Jose Department to obtain my drug and/or alcohol test results or any refusal by me undergo such testing from other law enforcement agencies, previous employers and consortiums.

I hereby authorize the City of San Jose Police Department to release all my test results obtained pursuant to this authorization and any refusal by me to undergo such testing to other law enforcement agencies for the purpose of taxicab licensing/permitting.

\_\_\_\_\_  
Applicants Printed Name

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Applicants Social Security Number

\_\_\_\_\_  
Date

# **SAN JOSE POLICE DEPARTMENT TAXI PERMIT APPLICANTS**



## **ALL BUSINESSES, OWNERS, MANAGERS AND DRIVERS**

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**Any changes in name, address or phone numbers require applicants to notify the San Jose Police Department Permits Unit within 5 days.**

**Employees no longer employed or terminated are required to turn in ID cards within 5 days. This can be done in person or by mail.**

**ID cards are the property of the San Jose Police Department and are only to be used while employed at the business identified on the card.**

**Businesses, Owners and Managers, you have 5 days to notify the Department of any employee that no longer works for you.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_