



## TAXICAB DRIVER INSTRUCTIONS FOR NEW APPLICATIONS

Complete the certified application and attach copies of the following:

1. Certified copy of driving record **less than 30 days old** from the State Motor Vehicle Department
2. Copy of current driver's license with "F" endorsement.
3. Affidavits of good character from two reputable citizens of the City of Springfield, who have known you personally and have observed your conduct for at least five years preceding the application date.
4. \$25.00 nonrefundable application fee.
5. TBI History Record – Required every year that the FBI History Record is not.
6. FBI History Record – Required every five years. **Date of last FBI History Record:** \_\_\_\_\_



**CITY OF SPRINGFIELD  
TAXI DRIVER PERMIT APPLICATION**

1. Applicant Full Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. \_\_\_\_\_  
Home Telephone Number

4. \_\_\_\_\_  
Applicant Driver's License Number

5. \_\_\_\_\_  
Social Security Number

6. \_\_\_\_\_  
Date of Birth

7. Do you have experience transporting passengers? \_\_\_\_ yes \_\_\_\_ no

8. Number of years' experience transporting passengers? \_\_\_\_\_ years

Please explain experience: \_\_\_\_\_

9. Have you been convicted, plead guilty, or pled nolo contendere to drunk driving, driving under the influence of any intoxicant or drug, hit and run (leaving the scene), reckless or careless driving in the last five (5) years immediately preceding the date of application? \_\_\_\_\_

10. Have you been convicted of three (3) or more moving traffic violations during the past three (3) years immediately preceding the date of application? \_\_\_\_\_

11. Have you been convicted, pled guilty, placed on diversion, probation or parole; or pleaded nolo contendere to any felony within the last ten (10) years? \_\_\_\_\_

**If you answered yes to questions 9, 10, or 11 complete the following:**

Date	Charges City/County/State of Arrest	Final Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List employment history (from most recent): \_\_\_\_\_

13. List the highest level of education: \_\_\_\_\_

14. List any degrees or certifications: \_\_\_\_\_

15. Name of business you will be driving for: \_\_\_\_\_

16. Have you submitted an application for your FBI background check? \_\_\_\_\_yes \_\_\_\_\_no

17. Have you submitted an application for your TBI background check? \_\_\_\_\_yes \_\_\_\_\_no

**\* If you have pending charges of any such offenses, your application will be deferred until entry of a plea, conviction, acquittal, dismissal, or other final disposition of the charges.**

**AUTHORIZATION**

I, \_\_\_\_\_, hereby give permission to allow the City of Springfield, TN to check any records pertinent to my education or character information.

I, \_\_\_\_\_, verify that the foregoing statements are true and accurate to the best of my knowledge and belief on this day \_\_\_\_\_ of \_\_\_\_\_,20 \_\_\_\_.

I have read and understand the City of Springfield Municipal Code Title 9, Chapter 4, Section 9-401 through 9-427 titled "TAXICABS."

\_\_\_\_\_  
Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_

Date of last FBI History Record: \_\_\_\_\_



## **APPROVAL/DENIAL FORM**

### **TEMPORARY PERMIT** **(TBI BACKGROUND CHECK)**

Date received by City Clerk \_\_\_\_\_  
Date Signature

Date received by Chief of Police \_\_\_\_\_  
Date Signature

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Explanation of denial:

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### **PERMIT** **(FBI BACKGROUND CHECK)**

Date received by City Clerk \_\_\_\_\_  
Date Signature

Date received by Chief of Police \_\_\_\_\_  
Date Signature

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Explanation of denial:

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