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**Independent Contractor Vehicle Operator Application Form**


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Please type or print the following information:

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Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Last, First Middle Month / Day / Year

Address: \_\_\_\_\_  
Street # Street Name Apt. #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthplace: \_\_\_\_\_  
County State Country

Type of Driver's License:  Regular Operator  C.D.L.  Public Service

State of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_ License # \_\_\_\_\_

List traffic violations incurred in the past 3 years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime? If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I do hereby affirm the information I have given on this form is true and I give Metro Taxi authorization to investigate the information.

\_\_\_\_\_  
 Name (please print) Signature Date

**Management Use Only**

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Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interviewed by: \_\_\_\_\_  
Name (please print) Signature Date

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|---|--|
| <input type="checkbox"/> Physical Examination         | <input type="checkbox"/> DMV Physical Examination Form               |
| <input type="checkbox"/> Two Fingerprint cards        | <input type="checkbox"/> DMV Public Service License Application Form |
| <input type="checkbox"/> Copy of Motor Vehicle Record | <input type="checkbox"/> DMV License Endorsement                     |