



Application for Taxi Driver Licence

Surname _____

Given Names _____

Maiden Name (If Applicable) _____

Date of Birth (dd-mm-yy) _____

Address _____

Previous Address _____

Telephone Number _____

E-Mail Address _____

Drivers Licence Number and Class _____

Have you ever held a Taxi Cab Drivers
Licence in any Municipality? _____

Do you require corrective lenses to drive? _____

Have you ever been convicted of a
criminal offence for which a pardon has
not been granted? _____

Signature

Date

Please submit with application package to By-Law & Property Standards, City of Pembroke, 1
Pembroke St. E, Pembroke, ON. (613) 735-6821 ext. 1360