

CITY OF MIDLAND POLICE DEPARTMENT

GUIDELINES FOR TAXI/LIMO/SHUTTLE APPLICANT

1. Taxi/Limo/Shuttle permit application to be filled out **COMPLETELY** or the permit will be denied. Return the completed application to the Records Division.
2. A criminal history inquiry will be run on applicant.
3. After reviewing the criminal history inquiry, a decision is made to approve or deny the applicant. Applicant must call the Records Division (432-685-7145) after 24 hours to see if applicant has been approved or denied.
4. Once **APPROVED**, the applicant will then be issued a physician certificate form and be required to pass a physical examination determined by a physician.
5. Then return the physician certificate form and a receipt to the Records Division, at which time a photograph will be taken.
6. A Taxi/Limo/Shuttle permit will be issued only after all ordinance requirements are met.
7. Fee is \$27.00 to be paid in cash, check or money order. No credit cards.

CITY OF MIDLAND POLICE DEPARTMENT
TAXI/LIMO/SHUTTLE APPLICATION

Full Name: _____
Home Address: _____
City, State, Zip: _____
Phone Number: _____

General Information

Race: _____ Sex : _____ Height: _____
Weight: _____ Hair: _____ Eyes : _____
D.O.B.: _____
Place of Birth: _____
Age: _____
U.S. Citizen: ___ Yes ___ No
Social Security Number: _____
No. of Yrs Driving Experience: _____
Drivers License Number: _____ State: _____
Name of Taxi/Limo/Shuttle company you are going to work
for: _____
Company _____
Address _____
Have you been a taxi/limo/shuttle driver in Midland
before: ___ Yes ___ No
If yes, Permit # issued before: _____
Physicians Name: _____

Have you ever been arrested? Yes ___ No ___
List all arrest(s)/charge(s) even if you are not sure about the DATE,
DISPOSITION, or whether you were CONVICTED.

Date: _____ Charge: _____
Disposition (outcome of charges i.e., Convicted, Case Dropped,
Probation): _____
Place/Town/Location: _____

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Probation): _____
Place/Town/Location: _____

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Probation): _____
Place/Town/Location: _____

Date: _____ Charge: _____
Disposition (outcome of charges i.e., Convicted, Case Dropped,
Probation): _____
Place/Town/Location: _____

ANY OMISSION will result in a DENIAL of the application.

By signing below, I am stating that this information is true and correct to the best of my knowledge.

Sign: _____ **Date:** _____