



**VEHICLES FOR HIRE – DRIVER CERTIFICATE OF COMPLIANCE**

CITY OF KLAMATH FALLS DEVELOPMENT SERVICES

226 S. 5<sup>th</sup> Street; Klamath Falls, OR 97601

Phone (541) 883-4950; Fax (541) 883-5390

businesslicense@klamathfalls.city

**DRIVER INFORMATION**

Applicant’s Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Oregon Driver License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Company Emergency Contact Name and Phone Number \_\_\_\_\_

**COMPLIANCE ENDORSEMENT (to be completed and signed by the Business Owner or Authorized Manager)**

By checking the following boxes, you certify the information has been collected and processed for the above applicant per Klamath Falls Municipal Code 7.814 (G) and will maintain records of such for random audits by the City of Klamath Falls Police Department as per Klamath Falls Municipal Code 7.836.

- Name             Date of Birth             Home Address             Social Security Number
- Cleared Criminal Background Check     Driver License Information
- Motor Vehicle Registration             Automobile Insurance

I certify I have read and examined this certificate and know the same to be true and correct. I confirm that I have knowledge of the provision of Klamath Falls Municipal Code 7.814 and 7.818 governing this Certificate of Compliance and the authority to endorse this certificate.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

*City use only:*

**Business License Number**

\_\_\_\_\_

Date Received	_____
Age Confirmed	_____
Your Initials	_____