



VEHICLES FOR HIRE – DRIVER APPLICATION & OPERATOR CERTIFICATE OF COMPLIANCE

CITY OF KLAMATH FALLS DEVELOPMENT SERVICES DEPARTMENT

226 S. 5th Street; Klamath Falls, OR 97601

Phone : (541) 883-4950 – Email : businesslicense@klamathfalls.city

LICENSE INFORMATION

Business Name (Operator) _____

Type of License: ☐ Transportation Network Driver (TND) - \$50.00 ☐ Taxi Driver - \$0.00
☐ Limousine Driver - \$0.00 ☐ Medical Transport Driver - \$0.00

APPLICANT/DRIVER INFORMATION

Full Legal Name _____

Date of Birth _____ Oregon Driver License # _____

Mailing Address _____

Phone Number _____ Email _____

Emergency Contact Name and Phone Number _____

I certify I have read and examined this application and know the above to be true and correct. I certify that I have read and am knowledgeable of Klamath Falls City Code Section 7.818 (Driver Requirements).

Driver Signature _____ Date _____

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

By checking the following boxes and signing below, you certify true and correct information has been collected and is maintained for the above applicant/driver per Klamath Falls City Code Section 7.814 (G). You further certify that the above driver/applicant has passed a criminal background check per Klamath Falls City Code Section 7.818 (B) and that you have read and are knowledgeable of Klamath Falls City Code Sections 7.810 – 7.836, the Vehicle for Hire Act.

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

Business Owner (Operator) Signature _____ Date _____

City use only:

Business License Number _____
License Fee _____

Receipt Number _____
Receipt Date _____
Payment Method _____
Your Initials _____