



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; 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 Municipal Code Section 7.818 (Driver Requirements) governing the license for which I am applying.

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 maintained for the above applicant/driver per Klamath Falls Municipal Code Section 7.814 (G). You further certify that you have read and are knowledgeable of Klamath Falls Municipal 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 Signature _____ Date _____

City use only:

Business License Number _____
License Fee _____

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