

		Date	
Taxicab and For Hire		Tracking Number	
ehicle Bureau License	•		

ACCESSIBLE TAXI APPLICATION (INDIVIDUAL ONLY)

SUPPLEMENT A

APPL	ICANT	INFORMATION		
Name of	Present Li	cense Holder		
		oxes)		
		State		
Date of E	Birth		Social Security Number	
Louisian	a Chauffeur	s's or CDL License Numbe <u>r</u>	Expiration Date	
TRAN	ISPORT.	ATION EXPERIENCE		
Yes	No	Do you have any outstanding fines/fees with and	ther for-hire company?	
Yes	No	Have you been a full-time driver holding a Burea	u issued permit, for at least f	ive (5) years?
Yes	No	Have you had more than two (2) moving traffic a (5) years?	ccidents, in which you were	at fault, within the past five
Yes	No	Have you had more than (1) moving traffic accid years?	ents, in which you were at fa	ult, within the past two (2)
Yes	No	Have you had any moving traffic accidents, with injury or fatality?	n the past five (5) years, whi	ch resulted in a serious
Yes	No	Have you been convicted of more than two (2) r	noving traffic violations with	in the past five (5) years?
Yes	No	Have you had more than two (2) sustained muni taxicab and for hire vehicle, within the past five (•	e to the operation of a
Yes	No	Have you had more than one (1) sustained munic taxicab and for hire vehicle within the past two (to the operation of a
Yes	No	Have you had more than two (2) sustained passe	nger complaints within the p	past five (5) years?
Yes	No	Have you had more than one (1) sustained passe	nger complaints within the p	east two (2) years?

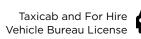
If yes to any, explain in the space below and attach supporting documentation.

REQUIRED ATTACHMENTS

- 1. A letter from the for hire vehicle company under which the CPNC will be operating. (not required for Accessible CPNC applications).
- 2. Proof of citizenship or authority to work in the U. S. (**Acceptable Documents- Originals Only:** Birth Certificate, Certificate of Naturalization, valid U.S. Passport, Permanent Resident Card, or Work Authorization Document).
- 3. Proof of Residency for a period of greater than six (6) months. (Acceptable Documents- Originals Only: Utility bill, water bill, landline telephone bill, notarized mortgage/rental agreement in applicant's name.).
- 4. Copy of Occupational License.
- 5. Certified copy of Articles of Incorporation / Articles of Organization by the Louisiana Secretary of State Office, and the name(s) and position(s) of all officers. If an individual, include your business plan and letters of commitment. Please see page 2.
- 6. Proof of current certificate of liability insurance and vehicle registration
- 7. Drug screening and federal background check.

nitials	





Date	
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ACCESSIBLE TAXI APPLICATION

SUPPLEMENT A

Please in	dicate durir	ng which of the following times you v	will be operating your Accessible Ta	axi CPNC:
Yes	No	6:00 am to 2:00 pm		
Yes	No	2:00 pm to 10:00 pm		
Yes	No	10:00 pm to 6:00 am		
LICE	NSE HO	LDER CERTIFICATION		
irst duly accordan	sworn, dep ice with Nev	oses and says that he/she is an appl	icant for a Certificate of Public Nec	who, being by men essity and Convenience (CPNC), and in e Vehicle Bureau issue a new CPNC(s), and
Applica	nt Signature			
Sworn to	o and subsc	cribed before me this day	/ of	2013.
Name o	f Notary Pu	blic (Print or Type, and Stamp Comn	nissioned)	
Signatu	re of Notary	Public		
My Com	ımission Ex	pires	-	
Persona	lly known	or Identification Produced	Type of Identification Produced	

initials:			s:	Initial	In
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