

New Application ☐
Renewal ☐


Note: ALL fields on this Application form must be completed before the application can be processed. If any fields are irrelevant to you, please indicate this by entering "N/A".

Personal Information

Full Name: _____
 Birthdate: _____
 Address: _____
 City: _____
 Postal Code: _____
 Phone: _____
 Cell Phone: _____
 Home Email: _____

Employer: _____
 Employer Address: _____
 City: _____
 Postal Code: _____
 Phone: _____

Provincial Driver's Licence Information (Please attach a copy of your Driver's Licence to this form.)

Class: _____

Number: _____

Expiry: _____

Declaration

I submit this application for a licence to drive a taxi, and declare the information provided to be true. As well, I authorize a police service and the Solicitor General's Department to provide Strathcona County with information on any criminal charges and convictions on my driving record.

Signature of Applicant: _____
 (Application will not be processed, if left blank).

Date: _____

Applicant Checklist

- ☐ Consent to Release Information
- ☐ Criminal Record/Vulnerable Sector Check
(within 30 days of application)
- ☐ Drivers Abstract
(within 30 days of application)

Date Issued/Complete

Initials

For Office Use Only

Receipt #: _____

Amount Paid: _____

Collection and use of personal information

Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to process and issue the Permit. If you have any questions about the collection, use or disclosure of your personal information, contact Administrative Assistant, Strathcona County Enforcement Services, Strathcona County at 780-449-0170.