



Metropolitan Government of Nashville and Davidson County
Transportation Licensing Commission

Taxicab Driver Application

Name \_\_\_\_\_
First Middle Last

Address \_\_\_\_\_
Street City State Zip

E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_

Sex M or F DOB \_\_\_\_\_ Race \_\_\_\_\_ Where Born \_\_\_\_\_

Social Security Number \_\_\_\_\_ If resident alien, provide current work permit or other valid United States Immigration and Customs Enforcement document

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Endorsements D with F or A,B,C,CDL \_\_\_\_\_

Emergency Contact \_\_\_\_\_
Name Address Telephone

Company where you will be employed \_\_\_\_\_ Completed Training Yes No

Have you had more than two (2) moving violations within the past year? Yes No

Have you been convicted in the last five years of hit/run, driving under the influence or reckless driving where there was bodily injury or death occurred or with no injury during the last three years? Yes No

You must answer the following:

How many times have you been given a traffic ticket, been arrested for or been charged with, convicted of or forfeited a bond for a criminal offense, violating a Metro ordinance or any State or Federal Law \_\_\_\_\_? Please write the approximate date and a brief description of each of these charges, arrests, conviction or expungements on page two of this application.

NOTE: Failure to make a full disclosure of all charges, citations, arrests, convictions or expungements may result in a denial of this application.

Do you understand that a false or misleading statement on this application or failure to fully disclose all requested information is a violation of 6.72 and may result in the denial of your application? Yes No

Pursuant to the Metropolitan Code of Law, I hereby authorize the Metropolitan Transportation Licensing Commission and its staff to acquire my complete traffic/driving record and criminal background. Further, I agree to comply with the applicable Federal Wage and Hour Regulations, and American with Disabilities Act. Further, under penalty of perjury, I swear that I am physically and mentally fit to act as a taxicab driver and that this application is completed fully to the best of my ability and all information is true.

Signature of Applicant

Date

Sworn to and subscribed before me
This day \_\_\_\_\_, of \_\_\_\_\_ 20\_\_\_\_\_

I have had a TLC driver permit before Yes No

I have you read the Metropolitan Code of Law Ordinance 6.72: Taxicab Yes No

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_ Date \_\_\_\_\_

Regular Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**New driver applicants ONLY: This information must be completed by individuals who lives in the Nashville area and at least one of the undersigned must have known the applicant for a minimum of one year.**

1.	_____	_____	_____
	Printed Name	Address	City,
	_____	_____	_____
	Signature	Telephone	How Long have you known the applicant
2.	_____	_____	_____
	Printed Name	Address	City,
	_____	_____	_____
	Signature	Telephone	How Long have you known the applicant
3.	_____	_____	_____
	Printed Name	Address	City,
	_____	_____	_____
	Signature	Telephone	How Long have you known the applicant
4.	_____	_____	_____
	Printed Name	Address	City,
	_____	_____	_____
	Signature	Telephone	How Long have you known the applicant

**LIST EACH VIOLATION OF A FEDERAL, STATE OR LOCAL LAW WITH WHICH YOU HAVE EVER BEEN CHARGED OR ARRESTED, WHETHER CONVICTED OR NOT AND INCLUDE EXPUNGEMENTS**

**IMPORTANT:** Failure to make a full disclosure as to all arrests and convictions will result in the denial of this application for a permit and new applications SHALL be reviewed by the TLC.

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

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