

**Metropolitan Nashville-Davidson County
Transportation Licensing Commission**

**Taxicab Driver
Company Affiliation
Change Request**

Driver's License #: _____

For Taxicab Driver To Complete

I, _____, will be a taxicab driver affiliated with
Print Name

_____ effective _____
Print Name of Taxicab Company Date to begin driving

Taxicab Driver Signature Date

For Taxicab Company to Complete

I, _____ of _____
Company Representative Taxicab Company

verify _____ will be a taxicab driver affiliated with this company
Name of Taxicab Driver

Company Representative Signature Date

NOTICE: Nothing in this form infers or describes employment practices of the taxicab companies and their relationship with the taxicab drivers

For Official Use Only

Date Filed: _____ TLC Staff: _____