



# Application for Chauffeur's License City of Tomball

City of Tomball  
Licensing Dept.  
401 Market St.  
Tomball, TX 77375  
281-351-5484 tel  
281-351-6256 fax

**Notice:** All spaces provided on this application **MUST** be filled out to the best of the applicant's knowledge. If a question does not apply, please state so by writing in N/A. The City of Tomball reserves the right to deny an application for falsifying information or failing to provide information. **PLEASE PRINT LEGIBLY.**

## Applicant Information

Name:	<input type="text"/>	Marital Status:	<input type="text"/>		
Number of Dependents:	<input type="text"/>	Date of Birth:	<input type="text"/>	Sex:	<input type="text"/>
Mailing Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>		
E-mail:	<input type="text"/>	Race:	<input type="text"/>	Height:	<input type="text"/>
Weight:	<input type="text"/>	Eye Color:	<input type="text"/>	Hair Color:	<input type="text"/>
Complexion:	<input type="text"/>	Body Marks:	<input type="text"/>	Facial Marks:	<input type="text"/>

## Employment with Taxi Company

Employer:	<input type="text"/>	Position:	<input type="text"/>		
Address of Employer:	<input type="text"/>	City:	<input type="text"/>		
State:	<input type="text"/>	Zip:	<input type="text"/>	Phone:	<input type="text"/>
Normal Work Schedule:	<input type="text"/>				

## Legal Records

Texas Driver's License No.:	<input type="text"/>	Type:	<input type="text"/>
Do you have any outstanding warrants against you?	<input type="text"/>		
Have you ever been convicted of a felony?	<input type="text"/>		
If so, please explain.	<input type="text"/>		
Have you ever been convicted of a misdemeanor?	<input type="text"/>		
If so, please explain.	<input type="text"/>		

### Length of Residency

Are you a citizen of the U.S.?:  How long have you resided in Texas?

In the city of Tomball?  Birthplace of Parents

Address of Parents

City  State  Zip

### Health

Please attach a certificate from a reputable physician that you are not afflicted with an active venereal disease or any disease or disability which would seriously impair your ability to drive and operate a taxicab in a safe manner upon the streets of the city. Such certificate shall indicate specifically the condition of your hearing and eyesight.

### Please Attach the Following

- Fingerprint Card (will be arranged for by the Tomball Police Dept)
- Three (3) photographs (close-ups without a head covering)
- Health Certificate

### Terms & Provisions

I certify that my answers to questions on this application are true and correct to the best of my knowledge. I also understand that if I purposely falsify any oral, written or signed statement concerning this application, I may be charged in municipal court for making a false statement and that I can be fined from \$25 to \$200 for this offense. I understand that it is my responsibility to update these answers should any changes occur during my tenure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Office Use Only

Application Received By: \_\_\_\_\_ Date \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Permit Issued By: \_\_\_\_\_ Date \_\_\_\_\_

Permit Expires: \_\_\_\_\_ Permit No. \_\_\_\_\_

Refused \_\_\_\_\_ Reason for Refusal \_\_\_\_\_