

APPLICATION TO DRIVE



PERSONAL INFORMATION			
<u>Applicant Name</u>		<u>Alias (a/k/)</u>	
<u>Date of Birth</u>		<u>Location of Birth</u>	
<u>Street Address</u>		<u>City</u>	<u>State</u>
<u>Mailing Address</u>		<u>City</u>	<u>Zip</u>
<u>Home Phone #</u>		<u>Cell Phone #</u>	
<u>Driver License #</u>		<u>License Expiration</u>	
<u>Driver License State</u>			
<u>CHECK ONE</u>		<u>US STATES LIVED IN THE PAST 5 YEARS</u>	
<input type="checkbox"/> US Citizen		20__ _____	
<input type="checkbox"/> US Resident Alien		20__ _____	
<input type="checkbox"/> Other		20__ _____	
		20__ _____	
		20__ _____	
<u>EMERGENCY CONTACT</u>		<u>EMERGENCY CONTACT NUMBER</u>	
Name: _____			
Relationship: _____			
E-MAIL ADDRESS:			

IN CONNECTION WITH MY APPLICATION FOR APPROVAL TO DRIVE, AND THEREAFTER, I UNDERSTAND THAT REPORTS CONTAINING PUBLIC AND PRIVATE RECORDS, INCLUDING MY DRIVING RECORDS, MAY BE OBTAINED FROM VARIOUS FEDERAL, STATE, AND OTHER SOURCES. I HEREBY AUTHORIZE THE RELEASE OF ANY RECORDS DEEMED NECESSARY, NOW AND IN THE FUTURE, AND WAIVE ANY PROVISION OF LAW FORBIDDING THE DISCLOSURE OF SAID RECORDS, OR DISCLOSURE OF INFORMATION ON ME AND I AGREE TO PROVIDE FEES FOR SAID EXPENSES. I FURTHER UNDERSTAND AND AGREE AS A TAXI CAB DRIVER OPERATING A LINCLON TAXI TRANSPORTATION, LLC THAT I WILL AT ALL TIMES BE AN INDEPENDENT CONTRACTOR AND THAT, AS SUCH, I WILL NOT RECEIVE A PAYCHECK OR OTHER TRADITIONAL BENEFITS SUCH AS HEALTH INSURANCE. WORKERS COMPENSATION, ETC.

Signature

Date

Please fax completed form to: (570) 501 7601 or Email to: business@lincoln-taxi.com