



Driver's Permit Application Supplement

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document as well as a Master Application.

- A.** Do you currently have a Driver's Permit? Yes No
- B.** If yes: _____
permit number expiration date
- C.** Driver's License Information: _____
number class issuing state expiration height weight eye color
- D.** Driver's Social Security #: _____
- E.** Are you required to wear corrective lenses?..... Yes No
- F.** Have you ever had your driver's license suspended or revoked in California or elsewhere?..... Yes No
- G.** Have you ever been convicted of any criminal offense (infractions, misdemeanors, or felonies)?..... Yes No
- H.** Have you ever been convicted for an alcohol or drug related offense?..... Yes No
- I.** Have you ever been convicted of any traffic violation?..... Yes No
- J.** Have you ever been in any traffic collision?..... Yes No
- K.** Do you have any mental or physical incapacity or infirmity which may affect or limit your driving?..... Yes No
- L.** If you answered "YES" to any question listed above, provided a detailed explanation of each incident:

M. Provide your employment history for the last three (3) years:

company name address city state zip code

company name address city state zip code

N. Current employer information, provide the following information regarding the owner of the vehicle(s) you propose to drive:

company name DBA telephone number

address city state zip code

I understand that any false statement in this application will be sufficient cause for denial or revocation of this permit for a period of one (1) year. I hereby swear or affirm under penalty of perjury that all the foregoing information is true and correct to the best of my knowledge and belief. I hereby authorize and request the Glendale Police Department and the Community Development Department to furnish any and all information concerning my driving history and my criminal history, to my employer. This includes any information of a confidential or privileged nature providing that such information relates to my employment as a driver of a taxicab, Dial-A-Ride, jitney, non-emergency medical vehicle, or automobile for hire. I hereby waive and release the City of Glendale, its officers, agents, and employees from any liability or damages resulting from the furnishing of confidential or privileged information to my employer. I hereby indemnify, defend, waive, and hold harmless the City of Glendale, its officers, agents, and employees from any and all losses, claims, liabilities, damages, and expenses of any nature directly or indirectly arising out of or as the result of any act or omission by me or my employees, agents, or subcontractors in the operation of said vehicle. This indemnification and waiver shall be valid beyond the expiration, suspension, or revocation of my permit.

SIGNATURE MUST BE WITNESSED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

applicant's signature printed name date

witness' signature printed name date

Employer's Statement: *I or we, employ the person named herein and endorse his/her application to drive a taxicab, non-emergency medical transportation vehicle, jitney, Dial-A-Ride, or automobile for hire.*

employer's signature printed name title date



Driver's Permit Requirements

Applications can be submitted to the Community Development Department Monday through Friday between the hours of 7:00 am and 12:00 pm. Appointments may be available for application submittal after 12:00 pm on a case by case basis but must be scheduled at least one (1) business day in advance.

Things you will need to submit with your application:

- A completed Master Application, Personal Affidavit in Support of Application, and Driver's Permit Application Supplement which must be signed by the employer.
- A "K4" (3 Year) D.M .V. printout dated no later than thirty (30) prior to the application date.
- Three (3) recent photographs (2" x 2" head and shoulders) of applicant taken within one (1) year immediately preceding the filing of the application.
- Fingerprints via Live Scan. Fingerprinting shall be require upon initial application and every three (3) years thereafter.
- *Taxicab Drivers Only:* Original negative test results for alcohol and controlled substances from a certified drug testing lab, issued no more than thirty (30) days prior to the application date.
- *Non-Emergency Medical Transportation Drivers Only:* A verified copy of both valid adult CPR and Emergency First-Aid certificates.