



Prince Edward Island

TAXI DRIVER'S LICENSE APPLICATION

Taxi Bylaw (SS-21)

DATE _____

TAXI LICENSE NO. _____

NEW / RENEWAL

NAME _____

ADDRESS _____

TELEPHONE (RES) _____ (BUS) _____

DATE OF BIRTH _____

DRIVER LICENSE NO. _____ CLASS _____

LIST YOUR PREVIOUS ADDRESSES FOR THE PAST 2 YEARS

WLL YOU BE EMPLOYED FULL-TIME OR PART-TIME? _____

NAME OF TAXI COMPANY _____

SIGNATURE OF EMPLOYER

SIGNATURE OF APPLICANT