CITY OF REXBURG
America's Family Community

E-mail

Office Use Only

Registration No. _____

APPENDIX K – PUBLIC TRANSPORTATION

(Certificate of Business Registration)

ADDITIONAL INFORMATION

-To be completed for each driver-

Applicant must paste 2''x 2'' picture here:

Name of Driver _____

Address of Driver _____

Location of Business Operation _____

_____ Birth Date _____ Sex _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's License or Chauffeur's License No._____

Have you ever been convicted of a felony?

_____

Has your Driver's License or Chauffeur's License been revoked during past 1 year? If so, where and when?

_____

EMPLOYER INFORMATION

Name of company _____ Address _____

_____

Applicant's Relationship to Company_____

VEHICLE INFORMATION

(List additional vehicles, if any, on reverse side.)

Make _____ Type _____ Year _____ Color _____ License Plate # _____

I, (print name) _____, the undersigned applicant for a Public Transportation Driver Certification hereby state that the above information is true and correct, and that I have read and agree to comply with the provisions of **Rexburg City Ordinance 709**, and further understand that if any of said requirements are violated, the certificate herewith applied for shall become null and void. *Go to www.rexburg.org or call City Hall for a copy of city ordinances.*

Signature of Applicant _____ Date_____

OFFICE USE ONLY – ADDITIONAL APPROVAL – PLEASE INITIAL

_____*CITY CLERK OR MAYOR* _____*CHIEF OF POLICE*