



TAXI DRIVER CERTIFICATE OF COMPLIANCE

CITY OF MEDFORD BUSINESS LICENSE

200 S Ivy St. Second Floor, Medford OR 97501

P: 541.774.2026 F: 541.618.1726

businesslicenses@cityofmedford.org

DRIVER INFORMATION

Applicants Full Legal Name _____

Date of Birth _____ ODL Number _____

Mailing Address _____

Phone Number _____ Email _____

Emergency Contact Name and Phone Number _____

Taxi Company _____

Taxi Address _____

Taxi Phone Number _____ Email _____

Taxi Emergency Contact Name and Phone Number _____

COMPLIANCE ENDORSEMENT (to be completed and signed by Taxi Company Owner or Authorized Manager)

By checking the following boxes, you certify the information has been collected and processed for the above applicant per Medford Municipal Code (MMC) 8.335 (2) and will maintain records of such for random audits by the City of Medford as per MMC 8.350.

- | | |
|---|--|
| <input type="checkbox"/> SOCIAL SECURITY NUMBER | <input type="checkbox"/> MOTOR VEHICLE REGISTRATION |
| <input type="checkbox"/> DRIVERS LICENSE INFORMATION | <input type="checkbox"/> AUTOMOBILE INSURANCE |
| <input type="checkbox"/> CLEARED CRIMINAL BACKGROUND CHECK | |

I certify I have read and examined this certificate and know the same to be true and correct. I confirm that I have knowledge of the provision of MMC 8.320 through 8.380 governing this certificate of compliance and the authority to endorse this certificate.

Authorized Signature _____ Date: _____

Authorized Signature Title _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

COM Business License # _____

Date Received _____
Age Confirmed _____
Your Initials _____