



# DRIVER

**CITY OF PENDLETON**  
Transportation Director  
500 SW Dorion Ave  
Pendleton OR 97801  
541-966-0207  
Fax: 541-966-0352

## **DRIVER APPLICATION/RENEWAL TNC/TAXI/LIMOUSINE**

TNC/TAXI/LIMOUSINE DRIVER APPLICATION/ANNUAL RENEWAL FEE ..... \$50.00 (non-refundable)  
License period is February 1 of each year to January 31 of the following year

### **APPLICANT INFORMATION:**

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

TNC/Taxi/Limousine Companies Driving for: \_\_\_\_\_

TNC/Taxi/Limousine Company Contact and Phone Number: \_\_\_\_\_

### **REQUIRED MATERIALS:**

- \_\_\_ Copy of Valid Driver's License
- \_\_\_ Copy of Motor Vehicle Registration (TNC Drivers Only)
- \_\_\_ Copy of Automobile Insurance (TNC Drivers Only)
- \_\_\_ Copy of Eligibility to Drive for TNC (TNC Drivers Only)
- \_\_\_ City of Pendleton Business License No. \_\_\_\_\_

I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of City of Pendleton Ordinance 3987 governing the license for which I am applying.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

### **OFFICE USE ONLY**

License # \_\_\_\_\_

License Fee: \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Additional Fee: \$ \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Initials: \_\_\_\_\_