

## **NETWORK COMPANY**

## CITY OF PENDLETON

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

## TRANSPORTATION NETWORK COMPANY (TNC) APPLICATION/RENEWAL

APPLICANT INFORMATION:	
TNC Name:	
TNC Address:	
TNC Mailing Address (if different):	
TNC Phone Number: Email:	
TNC Contact Name and Phone Number:	
REQUIRED MATERIALS:	
Certificate of Insurance – Commercial General Liability	
Certificate of Insurance – Automobile Liability Coverage for	Service Periods 1, 2, & 3
City of Pendleton Business License No	
Applicant certifies that it maintains accurate, current records f otherwise affiliated with the company, including all drivers operate in the City. The records shall include the driver's name criminal background check results, driver's license informati insurance.	s accessing the company's digital network to e, date of birth, address, social security number,
Applicant certifies that a criminal background check as described conducted for each driver and that each driver is found qualified.	
I certify I have read and examined this application and know the sa knowledge of the provisions of City of Pendleton Ordinance 3987 g	
Authorized Signature:	Date:
Authorized Printed Name:	Title:
OFFICE USE ONLY	Υ
License # License Fee: \$ Additional Fee: \$	Receipt No Receipt Date: Initials: