

Fee: \$20.00
Fee: \$15.00 (Record Check)

☐ New ☐ Renewal
License Expires on December 31, 20__

Application – Public Passenger Vehicle Driver’s License – City of Racine

Answer the following fully and completely:

Name _____ D.O.B. _____

Address _____ City _____ Zip Code _____

Wisconsin Driver’s License Number _____

Commercial Driver’s License Number (if applicable) _____

Education (number of years completed) _____

Past Experience in Transportation of Passengers (if any) _____

Name of Business Applicant Will Work for _____

(Revised 4/13) Pursuant to Secs. 22-1066 through 22-1074 of the Municipal Code of the City of Racine, I hereby apply for a Public Passenger Vehicle license in conjunction with the following type of service:

_____ Taxicab	_____ Shuttle Vehicle	_____ Luxury Limousine
_____ Handicapped and Elderly Vehicle	_____ Horse and Surrey	

Past Employment (starting with most recent):

Name of Company	Address	Employment Dates

Name, address, and phone number of four (4) references with whom you have been associated for a minimum of three (3) years who will attest to your sobriety, honesty, and general good character:

Name	Address	Phone Number

State of Wisconsin)
)
County of Racine)

_____, being first duly sworn, on oath, says that (s)he is the person who made and signed the foregoing application for a Public Passenger Vehicle License and that all the statements made by the applicant are true.

Signature of Applicant

Subscribed and sworn to before me this

_____ day of _____, 20_____

Notary Public, _____ County, WI

My Commission Expires _____

Physician's Validation

I, _____, MD, certify that _____

does not have any disease, infirmity, or condition which would be reasonably likely to create an unsafe condition if the applicant were to engage in the transportation of passengers.

Signature of Physician

Address

City

Zip Code

Date of Certification