

OCTAP

Taxicab Company Permit Annual Renewal Application



OCTAP Address:

11903 Woodbury Road, Garden Grove, CA 92843-4020

Permitting Hours*:

By Appointment Only
Monday through Thursday
8:00 am – 12:30 pm & 1:30 pm – 4:00 pm

*Closed on Major Holidays

Email:	octap@octa.net
Website:	http://www.octap.net
Phone:	(949) 654-8294
Fax:	(714) 636-8504



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Instructions

1. Complete the OCTAP Taxicab Company Permit Annual Renewal Application

OCTAP will provide the OCTAP Permitted Company Information Annual Update form. Complete the form, attach required documents and submit payment to OCTAP to begin the renewal process.

2. Submit Payment of Fees

Fees are payable to OCTAP by credit or debit card, money order, cashier's check, or company check. Fees must be submitted with the application for renewal. Refer to www.OCTAP.net for application renewal fees.

3. Background Check

Any new owners, principals, or corporate officers listed in the application must submit "Live Scan" fingerprint receipts. Be sure to use the OCTAP Live Scan forms, available from the OCTAP office. Refer to livescan-locations.com/orangecounty.htm for locations and hours for Live Scan facilities.

4. Submit Taxicab Company Permit Application Package to the OCTAP Office

Applicants are required to provide the following information.

- Completed OCTAP Permitted Company Permit Annual Renewal Form and Declaration
- Payment of fees. (If paying by check, make payable to "OCTAP")
- Live Scan Fingerprint receipt. (New applicants only, unless otherwise required).



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Company Name	
Permit Number	
Primary Contact Person	Name:
	Title:
	Telephone Number:
	Email Address:
Business Mailing Address for Official Correspondence	Street Address:
	City:
	Zip Code:

Documents Required

Attach documents 1 through 5, affirm items 6 through 8 and check the box of each updated policy being submitted. Return this form and all documents to OCTAP within 30 days of receipt of this request.

Required Documentation	Policies and Changes
<input type="checkbox"/> List of drivers currently enrolled in DMV Pull Notice program: <ul style="list-style-type: none"> ○ Include driver name and permit # 	Attach a copy of California Government Code Section 53075.5 required documents or changes since your last OCTAP submission. <input type="checkbox"/> 49 CFR Part 40 Compliant Drug and Alcohol policy, please provide the name of the Medical Review Officer Administering your program. _____ <input type="checkbox"/> Declaration of Driver Safety Education and Training Plan <input type="checkbox"/> Declaration of Driver Disabled Access Education and Training Plan
<input type="checkbox"/> List of all taxicabs in fleet: <ul style="list-style-type: none"> ○ Include company fleet number, year, and VIN (sorted by cab #). 	
<input type="checkbox"/> Proof of Compliant Liability Insurance	
<input type="checkbox"/> List of company management personnel: <ul style="list-style-type: none"> ○ Include names, titles, email address, and telephone numbers. 	
<input type="checkbox"/> Specify persons authorized to sign driver applications.	



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Declaration

I hereby affirm that the company maintains continuous enrollment in the California Department of Motor Vehicles (DMV) Pull Notice Program and that all affiliated taxicab drivers are enrolled in the program in accordance with OCTAP Regulations.

I agree to notify the OCTAP Administrator upon receipt of a DMV Pull Notice for any affiliated driver that indicates an action that would no longer qualify the driver for a Driver Permit.

I will require any driver no longer qualified to have an OCTAP Driver Permit to immediately cease operation and surrender their Driver Permit to the company. The Driver Permit will be delivered to the OCTAP Administrator by the company, upon receipt.

I will make DMV Pull Notice records available to the OCTAP Administrator within 48 hours of request.

I hereby acknowledge that I have read and understand the OCTAP Regulations.

I hereby declare that the information given is true and correct and that any false information or withholding of information may be grounds to deny or revoke the OCTAP Taxicab Company Permit.

I understand that any fees paid to OCTAP are non-refundable; even if my permit is denied or revoked.

I affirm each of the above statements by signing below:

Applicant signature: _____ Date: _____

Please indicate the name and contact number of the person who can verify the information provided in the application and required documents.

Name: _____

Title: _____

Phone Number: _____

OCTAP USE ONLY

Date: _____

Document Reviewed

Date: _____

Unsatisfied Judgment Investigation

Date: _____

Local Background check request sent to OCSD for each applicant listed

Date: _____

Local Background clearance received on each applicant

Date: _____

DOJ Background (if applicable)



Affirmation of Pull Notice Program Enrollment

Company Name	
Company Permit Number	

I hereby affirm that the above named company maintains continuous enrollment in the California Department of Motor Vehicles (DMV) Pull Notice Program and that all affiliated taxicab drivers are enrolled in the program in accordance with OCTAP Regulations.

I agree to notify the OCTAP Administrator upon receipt of a DMV Pull Notice for any affiliated driver that indicates an action that would no longer qualify the driver for a Driver Permit.

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I will make DMV Pull Notice records available to the OCTAP Administrator within 48 hours of request.

I affirm each of the above statements by signing below:

Print Name

Date: _____

Signature