



Driver Drop Notification

Date:				
Taxi Company Name:				
Authorized Company Representative Name:				
Complete the following information for drivers who are no longer affiliated with your taxicab company. Please include the effective the date and note if you are in possession of the OCTAP driver permit.				
Driver Permit Number	Driver Name	Date Dropped	Company has OCTAP Driver Permit	
			Yes	No

Signature: _____

Title: _____