

OCTAP

Taxicab Company Permit

First-Time Application Package



OCTAP Address:

11903 Woodbury Road, Garden Grove, CA 92843-4020

Permitting Hours*:

Monday through Friday 8:00 am – 2:00 pm (Walk-In)

Vehicle Inspections:

Monday through Thursday 8:00 am – 2:00 pm by appointment only

Friday 8:00 am – 2:00 pm no appointment necessary

*Closed on Holidays

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

Introduction

California Government Code Section 53075.5 requires local jurisdictions to regulate taxicabs. The cities of Orange County have delegated this regulatory function to the Orange County Taxi Administration Program (OCTAP).

Before operating a taxicab service in any OCTAP jurisdiction within Orange County, a taxicab company must apply for and be issued (once approved) an OCTAP Taxicab Company Permit.

Basic Eligibility Requirements

To be eligible for an OCTAP Taxicab Company Permit, a sole proprietor, partner, or corporate officer must:

1. Be at least 18 years of age.
2. Not be a registered sex offender pursuant to California Penal Code Section 290.
3. Not be on formal probation/parole or have received any conviction (or plea of guilty or nolo contendere) in any state for any of the following: murder; robbery; pandering; pimping; crimes related to the sale or transportation of controlled substances, including marijuana; crimes involving the use of a weapon; or any other offense involving moral turpitude or any crime that is substantially related to the qualifications, functions or responsibilities of a taxi owner.
4. Not have been convicted (or plea of guilty or nolo contendere) in any state for a felony within eight (8) years of application.
5. Not have been convicted within five (5) years of application (or plea of guilty or nolo contendere) in any state or any final administrative determination of a violation of any statute, ordinance, or regulation reasonably and rationally pertaining to the same or similar business operation which would have resulted in suspension or revocation of the Taxicab Company Permit under the OCTAP regulations.
6. Not have been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance after January 1, 1998; and are not subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years from the date that the judgment was originally entered.
7. Not have falsified material information on any application for a Taxicab Company Permit.

Obtaining an OCTAP Company Permit

1. Complete an OCTAP Taxicab Company Permit Application Package

OCTAP will provide a Taxicab Company Permit Application Package. This package consists of an application form and a list of additional required documents and policies.

Companies with more than three partners or corporate officers should list only the top three officers on their application. The remaining partners/officers should be listed as an attachment. Only the top three principal partners or officers are required to submit to fingerprinting.

Applicants must ensure that all policies that will be submitted to OCTAP comply with any local, state, or federal laws that may apply. Applicants are encouraged to consult their legal counsel when developing their policies.

2. Obtain Money Order or Cashier's Check

All fees must be payable to OCTAP by money order or cashier's check. Refer to OCTAP Permit Fees for amount.

3. Background Check

First time applicants (owners, top three partners, or corporate officers) 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 bring the following to their application appointment:

- Completed OCTAP Taxicab Company Permit Application package (with required attachments and policies).
- Money order/cashier's check payable to "OCTAP."
- Live Scan Fingerprint receipt. (New applicants only, unless otherwise required).
- Valid California Driver License or California ID Card.

For more information refer to the OCTAP Regulations, or contact OCTAP.

Before Operating a Taxicab Business

After receiving an OCTAP Taxicab Company Permit, the company must complete the following before operating:

1. Ensure authorized and affiliated drivers have valid OCTAP Driver Permits.
2. Obtain Vehicle Permits.
3. Obtain city permits and authorization (where applicable).

Taxicab Driver Permits

Before any taxicab can be permitted and operated, each authorized driver must obtain and have in their immediate possession, a valid OCTAP Taxicab Driver Permit showing the driver's affiliation with the company.

Using drivers not permitted by OCTAP, or OCTAP permitted drivers not affiliated with your taxicab company, will result in fines and administrative action including suspension or revocation of your OCTAP Taxicab Company Permit and vehicle permits.

Vehicle Inspections and Vehicle Permits

After obtaining an OCTAP Taxicab Company Permit and affiliated drivers permits, a company's taxicab fleet is eligible for inspection and permitting. OCTAP will provide a copy of the Regulations to assist companies in preparing their fleet for inspection. Refer to current Permit Fees for vehicle inspection costs.

Obtain Authorization to Operate within OCTAP Regulated Jurisdictions

The taxicab company is responsible for complying with any additional requirements imposed by those jurisdictions in which the company seeks to operate.

COMPANY PERMIT APPLICATION

Documents Checklist

- Complete Insurance Package
- Completed OCTAP Company Permit Application
- List of company management personnel: Include names, titles, Driver Permit number, email address, and telephone phone numbers. Specify persons authorized to sign driver applications.
- List of current drivers authorized to operate in OCTAP regulated areas: Full Name, SSN, CDL, DOB
- List of taxicabs: Include year, make, model, VIN, license plate, company fleet number. Indicate if the vehicle is wheelchair accessible. **Copy of CA DMV Registration for each vehicle.**
- Company Check Acceptance Agreement **(To be signed by the Primary Applicant only)**
- Completed Taxicab Company Drug Testing Program Enrollment Information **(OCTAP Form)**
- Company Drug and Alcohol policy
- 24 Hour Live Human Response Dispatch System
- Orders and Dispatch Records Policy
- Principle Place of Business
- Electronic Processing of Credit Card
- Company Lost and Found Policy
- Company Complaint Policy
- Stranded passenger policy
- Copy of any valid Orange County city business licenses
- Fictitious Business Name Statement
- DMV Pull Notice Contract
- Copy of CDL or State issued photo identification for each person listed on the application
- Copy of LIVE SCAN fingerprint receipt for all persons listed on the application **(new applicants, unless otherwise required)**
- Cashier's check or money order for initial company application fee.
- If a partnership: Copy of partnership agreement
- If a partnership: List of additional partners not listed on application
- If a corporation: Copy of the minutes from the most recent Board of Directors meeting
- If a corporation: Copy of the Articles of Incorporation **(new applicants, unless otherwise required)**
- If a corporation: Copy of stock register showing distribution of corporate stock **(new applicants, unless otherwise required)**
- If a corporation: List of additional corporate officers not listed on application

All policies must include specific description on how the company will comply with the policy.

OCTAP Insurance Regulation Requirements

Submission of evidence of insurance, in full force and effect, in such form as required by OCTAP, issued by a solvent and responsible company licensed to do business in the State of California, insuring the applicant against loss by reason of injury or damage that may result to persons, including taxicab passengers, or property, from the negligent operation or maintenance of such taxicab.

Applicant shall provide a Certificate of Insurance and Insurance Policy Binder showing that the applicant is insured for a minimum combined single limit of one million dollars (\$1,000,000) for the injury or death of one or more persons in the same accident, and one hundred thousand dollars (\$100,000) for injury or destruction of property with an insurer with a minimum AM Best Rating of A-7. Each insurance policy required by these regulations shall waive all rights of subrogation against OCTA, OCTAP and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers. No self-insured retention shall be allowed.

Deductibles shall not exceed ten thousand dollars (\$10,000) per occurrence. In addition, the applicant shall direct the insurance company to provide OCTAP copies of Endorsements to the insurance policy 1) naming OCTA, OCTAP and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers as additional insureds; and 2) indicating that coverage shall not be reduced, terminated or cancelled without thirty (30) days prior written notice to OCTAP; and 3) the OCTAP special endorsement must be completed and duly executed by the agent or broker of record and submitted along with the proof of insurance.

At least one (1) business day prior to the expiration of the current policies, a Permittee shall submit insurance binders evidencing insurance coverage for the policy period subsequent to the expiration of the current policies. Lapses or interruptions of insurance coverage shall cause an immediate suspension of the Company Permit, pending revocation, and an immediate revocation of all Taxicab Permits issued to the Permittee. Reinstatement of a Company Permit may require payment of applicable fees and/or fines. Furthermore, if reinstated, any taxicab(s) a Permittee desires to be placed back into service will require the issuance of a new Taxicab Permit with applicable fees paid.

OCTAP Insurance Document Requirements

All insurance requirements must be original, signed documents mailed or hand delivered directly to OCTAP by the Insurance Company or Broker.

1. Certificate of Insurance and Insurance Policy Binder:

Certificate and Binder must show coverage of:

- A minimum combined single limit of one million dollars (\$1,000,000) for the injury or death of one or more persons in the same accident.
- One hundred thousand dollars (\$100,000) for injury or destruction of property.

2. Endorsements to the insurance policy (please use the “Special Endorsement” and “Additional Insured” templates attached below):

- Endorsements must be certified by the authorizing authority.
- Endorsements must name each city and the County of Orange participating in the Orange County Taxi Administration Program as additional insured.
- Endorsements must name the Orange County Transportation Authority, Orange County Taxi Administration Program and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers as additional insured.
- Endorsements must indicate the coverage shall not be reduced, terminated, or canceled without thirty (30) days’ prior written notice to OCTAP.

3. Schedule of Insured Vehicles:

- The schedule header must indicate the name of the insurance company, the policy number(s), and the effective date.
- The vehicle listing must show the taxicab fleet ID number and at least the last six digits of the vehicle identification number (VIN).
- Changes to vehicle listings:
 - Additions: A revised schedule listing all the insured vehicles is required for fleet additions. Amendments listing only added vehicles will **not** be accepted.

- Deletions: The taxicab company must immediately notify OCTAP of any taxicab removed from the schedule of insured vehicles, and return the vehicle permit and welcome decals.

4. Additional Requirements:

- At least one business day prior to the expiration of the current policies, a Permittee shall submit insurance binders evidencing insurance coverage for the policy period subsequent to the expiration of the current policies.
- No self-insured retention shall be allowed.
- Deductibles shall not exceed \$10,000 per occurrence.

Special Endorsement for the Orange County Transportation Authority, Orange County Taxi Administration Program (OCTAP) and its member cities, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers.

Name of the Insured: _____

Effective Date: _____

The following provisions apply to the Automobile insurance policy cited on the attached certificate.

Additional Insured Endorsement:

It is agreed that such insurance as is afforded by this policy shall also apply to the Orange County Transportation Authority, Orange County Taxi Administration Program and its member cities, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers, and they are to be covered as insureds as respects liability or claims actually or allegedly caused by, or arising out of, or resulting from the operations performed by on or behalf of the named insured.

Waiver of Subrogation:

It is further agreed that each insurance policy required under the OCTAP Regulations Section 5.2.3 shall waive all rights of subrogation against the Orange County Transportation Authority, Orange County Taxi Administration Program and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers.

Cancellation Clause:

It is further agreed that each insurance policy required by this contract (or reflected in the attached certificate) shall be endorsed to state that coverage shall not be reduced, terminated, or canceled by either party except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Orange County Transportation Authority, Orange County Taxi Administration Program and its member cities, including County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers at the address upon the attached certificate.

Separation of Insureds:

It is further agreed that each insurance policy referred to in the attached certificates shall provide that coverage apply separately to each insured except with respect to the limits of liability.

The inclusion of Orange County Transportation Authority, Orange County Taxi Administration Program and its member cities, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers as an additional insured shall not affect any right that such organization would have as a claimant if not so included.

This endorsement is attached to and hereby made a part of the policy No(s): _____

(Agent) ***Blue Ink *** _____

Signature

Insurance Endorsement

This endorsement is attached to and hereby made a part of the policy No(s): _____

Additional Insured:

THE ORANGE COUNTY TRANSPORTATION AUTHORITY, THE ORANGE COUNTY TAXI ADMINISTRATION PROGRAM AND ITS MEMBER CITIES, INCLUDING THE COUNTY OF ORANGE, THEIR ELECTED AND APPOINTED OFFICIALS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND VOLUNTEERS.

List Member Agencies:

1. Aliso Viejo
2. Anaheim
3. Brea
4. Buena Park
5. Costa Mesa
6. Cypress
7. Dana Point
8. Fountain Valley
9. Fullerton
10. Garden Grove
11. Huntington Beach
12. Irvine
13. Laguna Beach
14. Laguna Hills
15. Laguna Niguel
16. Laguna Woods
17. La Habra
18. Lake Forest
19. La Palma
20. Los Alamitos
21. Mission Viejo
22. Newport Beach
23. Orange
24. Placentia
25. Rancho Santa Margarita
26. San Clemente
27. San Juan Capistrano
28. Santa Ana
29. Seal Beach
30. Stanton
31. Tustin
32. Villa Park
33. Westminster
34. Yorba Linda
35. County of Orange

Coverage:

COVERAGE SHALL NOT BE REDUCED, TERMINATED, OR CANCELLED WITHOUT THIRTY (30) DAYS' PRIOR WRITTEN NOTICE TO OCTAP.

Company Policy Guidance

Applicants must ensure that all policies that will be submitted to OCTAP comply with any local, state, or federal laws that may apply. Applicants are encouraged to consult their legal counsel when developing their policies. The following may be used as guidelines for preparing and submitting your company policy.

24-Hour Live Human Response Dispatch System

Company shall maintain and provide year-round, 24-hour live human response telephone service to provide trip reservation and taxi dispatch services, or referral services. A referral service may consist of service calls that are forwarded directly to another OCTAP Permitted Taxicab Company during hours of non-operation, provided that the Permittee has a written agreement with the receiving taxicab company. A referral service may also consist of a live-human response, providing the name and telephone number of another OCTAP permitted Taxicab Company. All calls to a company service line are to be answered within 5 rings

1. Describe the dispatch system is your company using?
2. Who receives and dispatches calls for your company?
3. What are the hours of your operation?
4. If you do not operate 24 hours a day, 7 days a week, are calls forwarded or referred to other taxicab companies during the hours you are not operating?
 - a. Do you have an agreement or contract with another taxicab company who operates on your behalf during these hours?
 - b. If so, attach copy of the contract or agreement.

Orders and Dispatch Records Policy

The company must maintain the ability to provide OCTAP, upon request, the following:

1. Driver name or Permit number of driver responding to service request.
2. Location of pickup request address, cross street, business name, etc.
3. Identification of person taking service request.
4. Date and time request was made. Record is to be time stamped with the time received, or may be electronically time stamped through the use of a computer aided dispatch (CAD) system.
5. Estimated arrival time, if provided to customer.
6. Taxicab identification number. (the Company must also, through a separate record, be able to identify the name of the Driver); and

7. Record is to be stamped with the time of day the request was transmitted to a driver, or may be electronically time stamped through the use of a computer aided dispatch (CAD) system.

Credit Card Acceptance Policy

Companies must provide electronic processing of credit cards as a method of payment to customers, and issue a receipt for credit card payment. The receipt must contain information sufficient for customers to dispute charges. Accepted credit cards must, at minimum, include MasterCard® and Visa®. A customer's personal and credit card information may only be used, processed, disseminated, and retained in accordance with current laws and standards. Provide a detailed description of process including the effective date of the policy to include:

1. Who maintains the merchant account?
2. The merchant account company name, attach the agreement or contract with the financial institution.
3. Describe the type of device that will be used, who provides the device.
4. Describe device maintenance.
5. When is customer transaction processed?
6. Detail the information provided to the customer related to the transaction.
7. Attach any instructions you provide to the driver regarding credit card acceptance and/or processing transactions.

Lost and Found Policy

Company must have a written lost and found policy that includes the return of lost articles to the customer in accordance to California Civil Code Section 2080, and 2080.1. For more information, refer to: <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=civ&group=02001-03000&file=2080-2080.10>

Policy must include:

1. Detailed description of the process and effective date.
2. Include the contact information: telephone number, email address, and/or website contact page.
3. Contact hours/days.
4. How items are received and logged.
5. Process for customers to retrieve found item.
 - a. Where customer can pick up their lost item.
 - b. Option for lost item to be delivered to customer.
 - i. If driver delivers, is customer charged?
 - ii. What is the basis for charge?
6. Length of time items are held before being disposed.
7. How unclaimed items are disposed.

Company Complaint Policy

The complaint policy must contain the mechanism for receiving complaints, investigation, and final resolution of complaints, as well as corrective actions. All complaints must be responded to in an expedient, responsible, and professional manner. Below is a list of items that must be addressed as part of developing a Customer Complaint Policy.

1. Detailed description of the process.
2. Contact information.
3. Hours of operation.
4. Person or department responsible for this policy.
5. Retention of comments and complaints.
6. Complete outline of your policy.

Stranded Passenger Policy

Submit a detailed description of the process that would be followed including the following items as part of your Stranded Passenger Policy.

1. How will customers reach their destination in the event of a breakdown or accident rendering the cab inoperable?
2. Describe your back-up plan if you have no other driver or taxicab available.
 - If you use other permitted taxicab company, attach a copy of the contract or agreement.
3. Describe how the passenger is billed.

Drug and Alcohol Policy

Each company must implement and maintain a Drug and Alcohol Certification Program covering all its affiliated permitted drivers pursuant to the then current Government Code §53075.5 (and any successor legislation). Your policy must include:

1. A detailed description of your policy.
2. Name(s) of person in charge of the policy.

Taxicab Company Drug and Alcohol Program Enrollment Information

All taxicab companies are responsible for the drug testing of driver applicants and their affiliated drivers and shall designate OCTAP as an agency *authorized and required* to receive pass/fail test results from drug screening labs. Tests for initial and renewal driver permits can be no older than 30 days.

Drivers drug test results shall be directed to the OCTAP Administrator as soon as test results become available. Results shall be faxed to OCTAP at (714) 636-8504 or email to octaxi@octa.net.

1) Name of Taxicab Company:

2) **Attach to this sheet a copy of your company's policy** on the prohibition of drug and alcohol use by employee and non-employee (contracted) taxicab drivers.

3) If your company contracts with an Administrator for drug testing of drivers, fill out the information below (use the back of this sheet to fill in the same information if more than one program is used):

(Name of Organization)

(Street Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Name of Contact or Account Representative)

By signing below, the taxicab company named above hereby designates as an agency authorized and required to receive from drug screening labs the results of driver drug tests. OCTAP is also authorized to contact the person(s) and/or organization(s) identified to obtain information necessary to maintain OCTAP records on taxicab companies and drivers in relation to required drug testing. The undersigned confirms that the taxicab company listed above is currently and will continue to remain in compliance with all federal, California and OCTAP regulations regarding drug testing of taxicab drivers. The undersigned also agrees to notify the OCTAP Administrator *immediately in writing* of any changes to the above information and the attached policy.

(Signature of Taxicab Company Owner, Partner or Corporate Officer)

(Date)

Principle Place of Business

Company must provide OCTAP with a valid physical address for the receipt of notices and correspondence from OCTAP. If a company has multiple locations, and multiple primary contacts, please list all location(s) and provide a description of the activity that will be conducted at each separate address related to the taxicab business operations. Use a separate form if additional locations are required.

Company Name:	
Street Address:	
City:	Zip Code:
Phone Number:	Email Address:
Website:	
Describe activities conducted at this location:	

Contact Name:	
Street Address:	
City:	Zip Code:
Phone Number:	Email Address:
Describe activities conducted at this location:	

Contact Name:	
Street Address:	
City:	Zip Code:
Phone Number:	Email Address:
Describe activities conducted at this location:	

Orange County Taxi Administration Program Taxicab Company Management Information

Taxicab Company Name:		
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Title:	Phone:
Signature:	OCTAP Driver Permit:	Authorized to Sign Driver Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>

Add additional pages as needed.

OCTAP TAXICAB COMPANY PERMIT APPLICATION

Date:			
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other-describe below			
If other type of business, describe here:			
Company Name:			
DBA Name:			
Mailing Address:			
City:		Zip Code:	
Business Operation Address:			
City:		Zip Code:	
Business Phone	Email Address	Dispatch Phone	Website
DMV Pull Notice Program Requester Code Number:			
Describe the vehicle color scheme, lettering, and log design (attach photo)			
Has this company ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? ___Yes ___No (If yes, please explain using a separate sheet of paper).			
Dispatch and Radio Service Information (check all that apply)			
	In-House. List Frequencies:		
	Outside Vendor. List Name, Address and Phone:		
	24 Hour Dispatch – Live Human Response		
	Cell Phone(s) only		

OCTAP TAXICAB COMPANY PERMIT APPLICATION

Owner or Principal Officer Filing as Primary Applicant

Position/Title:		OCTAP DP#:	
Last Name:			
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:		Zip:	
Home Phone:		DOB:	
SSN:	CDL#:	CDL Expiration:	
Male:	Female:	Place of Birth:(city, state, Country)	
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been required to register as a sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES to any of these questions, you must provide additional details below:			
List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. Failure to list all information may result in the denial or revocation of this permit.			
Charge/Conviction	Date of Conviction	Court/Agency	Details
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain using a separate sheet of paper).			
I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of information may be grounds to deny or revoke this permit			
Applicant Signature:		Date:	

OCTAP TAXICAB COMPANY PERMIT APPLICATION

Additional Applicant, Partner, or Principal Officer

Position/Title:			OCTAP DP#:		
Last Name:					
First Name:			Full Middle Name:		
Other Name(s) You Have Used:					
Home Address:					
City:				Zip:	
Home Phone:				DOB:	
SSN:		CDL#:		CDL Expiration:	
Male:		Female:		Place of Birth:(city, state, Country)	
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been required to register as a sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES to any of these questions, you must provide additional details below:					
List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. Failure to list all information may result in the denial or revocation of this permit.					
Charge/Conviction	Date of Conviction	Court/Agency	Details		
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain using a separate sheet of paper).					
I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of information may be grounds to deny or revoke this permit					
Applicant Signature:				Date:	

OCTAP TAXICAB COMPANY PERMIT APPLICATION

Additional Applicant, Partner or Principal Officer

Position/Title:		OCTAP DP#:	
Last Name:			
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:		Zip:	
Home Phone:		DOB:	
SSN:	CDL#:	CDL Expiration:	
Male:	Female:	Place of Birth:(city, state, Country)	
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been required to register as a sex offender? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES to any of these questions, you must provide additional details below:			
List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. Failure to list all information may result in the denial or revocation of this permit.			
Charge/Conviction	Date of Conviction	Court/Agency	Details
Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain using a separate sheet of paper).			
I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of information may be grounds to deny or revoke this permit			
Applicant Signature:		Date:	

OCTAP TAXICAB COMPANY PERMIT APPLICATION

Primary Applicant Declaration

I, the undersigned, hereby declare under penalty of perjury that all answers to the questions posed herein and the documents provided as additional attachments, are true and correct to the best of my knowledge. I understand that any fraudulent statements or misrepresentation may be cause for denial or revocation of any permit granted to me.

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

Primary Applicant Signature:	Date:
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