

OCTAP

Taxicab Company Permit Annual Renewal Application



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



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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 each of the documents listed in the left box below and check the box of each updated policy being submitted in the right box below. Return this form and all documents to OCTAP.

<ul style="list-style-type: none"> • Copy of valid Orange County City Business License • Current Fictitious Business Name Statement • List of all drivers currently enrolled in DMV Pull Notice program: <ul style="list-style-type: none"> ○ Include driver name and driver permit number (sorted by permit number) • List of all taxicabs in fleet: <ul style="list-style-type: none"> ○ Include company fleet number, year, VIN (sorted by cab number). • List of company management personnel: <ul style="list-style-type: none"> ○ Include names, titles, email address, and telephone phone numbers. • Specify persons authorized to sign driver applications. 	<h3>Policy Changes</h3> <p>Attach a copy of any policy that has been changed since your last submission to OCTAP.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Company Drug and Alcohol policy <input type="checkbox"/> 24 Hour Live Human Response Dispatch System <input type="checkbox"/> Orders and Dispatch Records Policy <input type="checkbox"/> Electronic Processing of Credit Card <input type="checkbox"/> Company Lost and Found Policy <input type="checkbox"/> Company Complaint Policy <input type="checkbox"/> Tow service contract or agreement <input type="checkbox"/> Stranded passenger policy
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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.

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)