



Please submit this form to:
City Clerk
419 N Broadway
785-263-2550
shayla@abilenecityhall.com

TAXICAB CERTIFICATE OF IDENTIFICATION APPLICATION

Fee: \$10.00
Date of Application: ____/____/____

Name _____
(Last) (First) (MI)
Address _____
City/State/Zip Code _____

Date of Birth _____ SS # _____ DL # _____
Age _____ Sex _____ Weight _____ Height _____
Eye Color _____ Hair Color _____

Licensed as a Chauffeur or Taxicab Driver? Yes ___ No ___
If so, when? _____ Where? _____
License revoked or suspended? Yes _____ No _____
If so, date of revocation or suspension: _____

Person, Firm or Corporation employed by: _____

Convicted of felony or Misdemeanor: Yes ___ No ___
If convicted, please provide details of conviction: _____

***CURRENT PHOTO ID IS REQUIRED**
***FINGERPRINTING IS REQUIRED**

Applicant Signature: _____

REPORT OF POLICE DEPARTMENT

The within applicant _____ has been investigated, his/her fingerprints have been taken by this Department as required by Ordinance #2191, and the following report is made:

From investigation, do you believe the facts stated by the applicant in this application to be true?

Accident record of applicant: _____

Driver license class: _____ Expires: _____

Other comment on applicant which you deem important: _____

Dated at Abilene, Kansas, this _____ day of _____, 2_____.

(Chief of Police, Abilene, Kansas)