



City of Hermiston
180 NE 2nd Street
Hermiston, OR 97838
Phone: 541-567-5521
Fax: 541-567-5530
www.hermiston.or.us

Taxicab Driver Permit Application

Date: ____/____/____

Applicant Information:

Name: _____
(Last) (First) (M. I.)

Address: _____ City: _____ State: _____

Zip Code: _____ Driver's License #: _____

Taxi Company: _____

1. Are you 21 years of age or more? Yes No
2. Do you possess a valid Oregon Driver's License? Yes No
3. Has your license been revoked by any state in the last 5 years? Yes No
4. Have you ever been convicted of any crimes? Yes No

If answer to #4 is "Yes," explain:

Applicant's Signature

OFFICE USE ONLY

\$25 Fee Paid: Yes No **DMV Records:** Yes No **License:** Yes No

Driver ID # Issued: _____

It is recommended the application be: Approved Disapproved

Signature: _____ Date: _____