



Taxi Driver Background Check Authorization

Please print additional forms for each driver.

Cab Company Information	
Name	
Address of Organization	
Driver Information	
First Name, Middle Initial, Last Name	
Address	
Phone Number	
Maiden Name	
DOB	
State of Birth	
SSN	
Race	
Height/Weight	
Hair Color	
Eye Color	
Drivers License No. & State of Issuance	
Vehicle to be Operated	

Applicant Signature: _____ Date: _____

Office Use Only	
Date Fee Paid	
Date Fingerprinted	
Officer (#)	
Document Control #	
Submitted to FBI	