Driver's Permit Application Supplement

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document as well as a Master Application.

A. Do you currently have a Driver's Permit? Yes ☐ No ☐

B. If yes, provide the permit number and expiration date: _____

C. Driver's License Information: _____

Number Class Issuing State Expiration Height Weight Eye Color

D. Driver's Social Security #: _____

E. Are you required to wear corrective lenses? Yes ☐ No ☐

F. Have you ever had your driver's license suspended or revoked in California or elsewhere? Yes ☐ No ☐

G. Have you ever been convicted of any criminal offense (infractions, misdemeanors, or felonies)? Yes ☐ No ☐

H. Have you ever been convicted for an alcohol or drug related offense? Yes ☐ No ☐

I. Have you ever been convicted of any traffic violation? Yes ☐ No ☐

J. Have you ever been in any traffic collision? Yes ☐ No ☐

K. Do you have any mental or physical incapacity or infirmity which may affect or limit your driving? Yes ☐ No ☐

L. If you answered "YES" to any question listed above, provided a detailed explanation of each incident: ____

_____

_____

M. Provide your employment history for the last three (3) years:

_____

Company Name Address City State Zip

_____

Company Name Address City State Zip

N. Current employer information, provide the following information regarding the owner of the vehicle(s) you propose to drive:

_____

Company Name DBA Phone Number

_____

Address City State Zip

I understand that any false statement in this application will be sufficient cause for denial or revocation of this permit for a period of one (1) year. I hereby swear or affirm under penalty of perjury that all the foregoing information is true and correct to the best of my knowledge and belief. I hereby authorize and request the Glendale Police Department and the Community Development Department to furnish any and all information concerning my driving history and my criminal history, to my employer. This includes any information of a confidential or privileged nature providing that such information relates to my employment as a driver of a taxicab, Dial-A-Ride, jitney, non-emergency medical vehicle, or automobile for hire. I hereby waive and release the City of Glendale, its officers, agents, and employees from any liability or damages resulting from the furnishing of confidential or privileged information to my employer. I hereby indemnify, defend, waive, and hold harmless the City of Glendale, its officers, agents, and employees from any and all losses, claims, liabilities, damages, and expenses of any nature directly or indirectly arising out of or as the result of any act or omission by me or my employees, agents, or subcontractors in the operation of said vehicle. This indemnification and waiver shall be valid beyond the expiration, suspension, or revocation of my permit.

SIGNATURE MUST BE WITNESSED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

_____ _____

Applicant's Signature Printed Name Date

_____ _____

Witness's Signature Printed Name Date

<u>Employer's Statement</u>: I or we, employ the person named herein and endorse his/her application to drive a taxicab, non-emergency medical transportation vehicle, jitney, Dial-A-Ride, or automobile for hire.

_____ _____

Employer's Signature Printed Name Title Date