



**APPLICATION TO OBTAIN OR RENEW  
A TAXI DRIVER'S LICENSE**

To be completed and signed by the applicant. Please complete all spaces as accurately as possible. Failure to do so may result in refusal of this application and revocation of any subsisting license held. All applications are to be submitted to the Chief of Police.

The applicant must have the following before Police will process this application:

- A motor vehicle branch driver's abstract, dated not more than two weeks prior to the date of this application.
- A valid class 1,2 or 4 Alberta Driving License.
- A second piece of valid Government issued ID, with date of birth.

**THE INFORMATION PROVIDED BY THE APPLICANT ON OR WITH THIS APPLICATION IS PERSONAL INFORMATION AS DEFINED IN THE *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*, R.S.A. 2000 C. F-25, AS AMENDED FROM TIME TO TIME (THE "ACT"), AND IS COLLECTED PURSUANT TO SECTION 33(C) OF THE ACT. THE INFORMATION COLLECTED SHALL BE USED BY THE MEDICINE HAT POLICE SERVICE AND THE CITY OF MEDICINE HAT FOR THE FOLLOWING PURPOSES:**

**A. ANY DECISION TO:**

- (a) issue, renew or transfer a taxi license, taxi driver's license or taxi business license;
- (b) refuse to issue, renew or transfer a taxi license, taxi driver's license or taxi business license;
- (c) revoke or suspend any taxi license, taxi driver's license or taxi business license;  
or
- (d) refuse to allow substitution of a motor vehicle under a subsisting taxi license.

**B. ANY APPEAL INITIATED BY AN APPLICANT OF ANY DECISION RELATED TO AN APPLICANT'S TAXI LICENSE, TAXI DRIVER'S LICENSE OR TAXI BUSINESS LICENSE. THE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE OF THE DECISION.**

Any questions or concerns regarding this collection of personal information should be directed to the City Clerk, at:

City Hall  
580 First Street SE  
Medicine Hat , AB  
T1A 8E6  
Phone: (403) 529-8115



(d) IF THE ANSWER TO THE PREVIOUS QUESTION IS YES, HAVE YOU COMPLETED THE MANDATORY TRAINING APPROVED BY THE LICENSE INSPECTOR? (IF YES PLEASE PROVIDE EVIDENCE)

YES: \_\_\_\_\_ NO: \_\_\_\_\_

(e) HAVE YOU BEEN FOUND GUILTY OR CONVICTED OF ANY CRIMINAL OFFENCE DURING THE PAST FIVE YEARS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

(f) HAVE YOU BEEN FOUND GUILTY OR CONVICTED OF ANY PROVINCIAL TRAFFIC OFFENCE DURING THE PAST THREE YEARS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

(g) HAVE YOU BEEN FOUND GUILTY OR CONVICTED OF ANY OTHER OFFENCE DURING THE PAST FIVE YEARS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

(If you have answered "yes" to any of the previous three questions, use the following space to provide full particulars as to dates and places of offences, and penalties imposed. If the space is insufficient, use the reverse side of this form.)

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4. I, \_\_\_\_\_ DO HEREBY STATE THAT:

(NAME OF APPLICANT -- PLEASE PRINT)

- a) I agree to abide by all provisions of the City of Medicine Hat Taxi Bylaw;
- b) If required for the purpose of the police information certificate clearance, I consent to be fingerprinted and to allow records of my fingerprints to be maintained by the City of Medicine Hat Police Service;
- c) I consent to the Chief of Police collecting such other personal information (as defined by the Act) about me as the Chief of Police deems necessary, including, but not limited to, performing a criminal record search, for the purposes of determining my eligibility for a taxi driver's license;
- d) I consent to the disclosure of my personal information to the general public for the purposes of conducting any appeal of any decision made pursuant to City of Medicine Hat Bylaw 2648, as amended or replaced from time to time, that I may initiate; and
- e) the information provided by me on this application form is true and accurate.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

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FOR OFFICE USE ONLY:

APPLICATION FOR TAXI DRIVER'S LICENSE IS:

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
CHIEF OF POLICE