# Taxicab Driver Permit Application

## Marin Taxicab Regulation Program

(a program of the Marin General Services Authority)


**Address:** **900 Fifth Avenue #100, San Rafael, CA 94901**

***(NOTE: There is an MGSA drop box at the rear entrance to 900 Fifth Avenue from the back parking lot for application materials.)***

**Phone:** **415-446-4428 x2**

**E-mail:** **bbrown@marinjpas.org**

**Website:** **maringeneralservicesauthority.com**

# INSTRUCTIONS FOR TAXI DRIVER PERMIT APPLICANTS

## Before submitting your application materials, you must complete the following:

☐ **MGSA TAXI DRIVER APPLICATION FORM:** Complete the attached application form (also available online: Driver Application). Have the taxicab company owner or representative sign the top section of the application form.

☐ **DRUG & ALCOHOL TEST:** ***prior to submitting your application***

1. Complete the attached **Medical Center of Marin Employer Notification Form**.
2. Bring the Employer Notification Form to any Medical Center of Marin clinic location, **pay the test fee** (currently $138.00) and provide your samples. No appointment is necessary.

   Medical Center of Marin

   Novato: 7428 Redwood Blvd. (415-895-5216)

   Hours: Mon.-Fri. 9am – 4pm; Sat. 10am – 1pm
3. Submit the lab receipt with your application. Test results will be e-mailed to MGSA.

☐ **COMPLETED LIVE SCAN FINGERPRINTING (For NEW applicants only)**

1. Take the attached Live Scan form (available in the Driver Application) to a Live Scan location and be fingerprinted (for list of locations in Marin see https://oag.ca.gov/fingerprints/locations?county=Marin).
2. Submit completed Live Scan and receipt with application)

# WHAT YOU WILL NEED TO SUBMIT:

☐ **MGSA Taxi Driver Application Form**

☐ **Copy of your current CA Class C Driver License**

☐ **2 current professional quality passport photos (2"x2")** – original photos, not photocopies

☐ **Drug and Alcohol screening test lab receipt dated within last 30 days**

☐ **Completed Live Scan form and receipt (*NEW applicants only*)**

☐ **$40 application fee** (Check, Money Order or Cashier's Check made out to "MGSA" – please write the name of the driver and the taxi company on the check)

($50 for transfer of an active Driver's Permit to a different taxi company)

# Taxicab Driver Permit Application

**COMPANY SIGNATURE REQUIRED:**
An authorized signature from a company representative is required to verify employment or affiliation with the identified company.

| | |
|---|---|
| **Taxicab Company:** | **Date:** |
| **Authorized Company Representative's Name (Print):** | |
| **Authorized Company Representative's Signature:** | |

☐ **First Time Applicant** ☐ **Renewal** ☐ **Transfer or Re-Instate**

| | | | |
|---|---|---|---|
| **Date:** | | **Previously Issued Driver Permit #:** | |
| **Last Name:** | **First Name:** | **Full Middle Name:** | |
| **Other Names Used** (List All)**:** | | | |
| **Place of Birth** (City, State & Country)**:** | | | |
| **Date of Birth:** | ☐ **I am at least 18 years old** | **Sex:** ☐ **Male** ☐ **Female** | |
| **Height:** | **Weight:** | **Hair Color:** | **Eye Color:** |
| **Social Security No.:** | | **CA Driver's Lic. No.:** | **Expires:** |

| | | |
|---|---|---|
| **Current Residence Address:** | | |
| **City:** | **State:** | **Zip Code:** |
| **Home Phone:** | **Cell Phone:** | **e-mail:** |
| **Current Mailing Address** (if different from above)**:** | | |
| **City:** | **State:** | **Zip Code:** |
| **E-mail Address:** | | |

| | | |
|---|---|---|
| **Have you ever been convicted of a crime?** | ☐ **Yes** | ☐ **No** |
| **Have you ever been required to register as a sex offender?** | ☐ **Yes** | ☐ **No** |
| **Have you been convicted of a traffic infraction within the past five (5) years?** | ☐ **Yes** | ☐ **No** |

**If you answered YES to any of these questions, you must provide additional details below** (use additional sheets if needed)**:**

**I attest that the information provided above is correct and accurate.**

**Signature:**

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

Print Form Reset Form



# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

A8232
ORI (Code assigned by DOJ)

License, Certificate or Permit
Authorized Applicant Type

Taxi Operator Permit
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Marin County Taxi Regulation Program
Agency Authorized to Receive Criminal Record Information

10123
Mail Code (five-digit code assigned by DOJ)

~~999 Northgate Drive #102~~ 900 Fifth Avenue, Suite 100
Street Address or P.O. Box

Robert Brown
Contact Name (mandatory for all school submissions)

San Rafael
City

CA
State

~~94903~~ 94901
ZIP Code

4158837889
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

# Medical Center of Marin | Employer Notification Form

☐ 7428 Redwood Blvd. Suite 100 | Novato CA 94945
Phone (415) 895-5216 | Fax (415) 895-5523

Please contact our office to schedule an appointment for the following services. **We are unable to render services without a completed Notification Form.** Please FAX the following form to location you prefer on the day of the patient's scheduled appointment or give to the patient to hand in at the front desk. This will ensure the paperwork is prepared accurately, the proper fees are billed, and the results are reported expeditiously. Thank you.

Employee Name: _____

Company Name: **Marin General Services Authority**

Scheduled Appointment Date & Time: ___/____/_____ at ___:_____AM/PM

Reporting Method: ☐ Fax: _____

☒ E-mail: bbrown@marinjpas.org

## Please check all services you are authorizing

| Physicals | Code | Check |
|---|---|---|
| Post Offer Physical | 99450 | ☐ |
| DMV/DOT Physical | 99420 | ☐ |
| Respirator Clearance Exam | PxRespB | ☐ |
| Level 5 Physical | PxLevel5-BN | ☐ |

| Vaccines | Code | Check |
|---|---|---|
| MMR Vaccine | 90707 | ☐ |
| Varicella Vaccine | 90716 | ☐ |
| TDaP Vaccine | 90715 | ☐ |
| Hepatitis B Vaccine | 90746 | ☐ |
| Flu Vaccine | 90658 | ☐ |
| Pneumoccocal Vaccine | 90732 | ☐ |

| Titers | Code | Check |
|---|---|---|
| Venipuncture | 36415 | ☐ |
| MMR Titer | 1995 | ☐ |
| Varicella Titer | 1989 | ☐ |
| Hepatitis B Titer | 2929 | ☐ |

**Drug & Alcohol Testing**

☐ DOT ☒ NON-DOT

**Reason for Test** : ☒ Pre-Employment ☐ Random ☐ Return to Duty ☐ Follow-up ☐ Reasonable Suspicion ☐ Post Accident

**Authority** : ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG

| | |
|---|---|
| Drug Screen Collection (Company COC) | ☐ |
| Drug Screen (MCoM COC) | ☒ |
| Hair Follicle Test | ☐ |
| Breath Alcohol Test | ☒ |

| Miscellaneous Services | Code | Check |
|---|---|---|
| Tb/PPD Test | 86580 | ☐ |
| Quantiferon Gold - TB blood Test | 86480 | ☐ |
| Chest Xray (1V) | 71045 | ☐ |
| Chest Xray (2V) | 71046 | ☐ |
| Lumbar Xray (2V) | 72100 | ☐ |
| Mask Fit Test | 94799 | ☐ |
| Spirometry | 94010 | ☐ |
| EKG | 93000 | ☐ |
| Audiometry (Basic) | 92552-AB | ☐ |
| Audiometry (Extended) | 92552-AE | ☐ |

| Blood Tests | Code | Check |
|---|---|---|
| Venipuncture | 36415 | ☐ |
| CBC | 11704 | ☐ |
| CMP | 12736 | ☐ |
| Blood Lead/ZPP | 62621 | ☐ |

**Other Services** *(Please write in requested services)*

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☐

## Authorization

Authorized Contact : Robert Brown, Taxi Program Manager

Authorized Signature: _____

Authorized Tel: Number: 415-446-4428 x2