



Ground Transportation Operator Permit Application

Instructions: Failure to complete any item will delay the processing of your application. A non-refundable fee must be paid at the time of application: One hundred dollars (\$100) for a new application and fifty (\$50) dollars for a renewal.

Renewal: working for the same company, with no lapse of permit.

Please note that a service charge will be applied if a credit card is used.

Please submit your application in person and bring in your:

Valid Driver's License* Valid work documentation*

*** photo copies of these documents are not acceptable**

New Application

Renewal

*****PRINT LEGIBLY*****

Business License Number: _____ Business Phone number: _____

Name of the Ground Transportation Business you will be driving for: _____

Operator Name				Date of Birth	/ /
	Last Name	First	Middle		mm/dd/YYYY
Place of Birth				Provide your phone number below:	
	City	State	Country	() -	
DL#	State	Expiration date:			

Please list all other states that you have previously held a Driver's License: _____

Gender M F Height Weight Hair Eyes Race

Mailing Address: _____

Physical Address: _____

Length of time at current residence _____

Address of place of residence(s) during the past three years if other than present address

1 _____ 2 _____
 3 _____ 4 _____

Have you ever applied for an Operator's Permit before and if so, when? _____

Have you ever had an Operator's Permit issued by the Town of Jackson revoked or denied? Yes No

Have you ever had a Vehicle's Permit issued by the Town of Jackson revoked or denied? Yes No

Have you ever been convicted of a felony in the U.S.? Yes No

If yes: Date _____ Location _____

Are you a citizen of the United States? Yes No If no, complete the next question.

Do you possess a valid work permit for the United States? Yes No Please provide valid work documentation.

I, _____ do hereby swear and affirm the information I have supplied in this application is true and correct to the best of my knowledge. Further, I do hereby consent to the release of all medical, physical, criminal and any other information, including information of a confidential or privileged nature by any person(s) having such records for the purpose of checking my suitability to obtain the permit requested herein. I hereby release said persons, their organizations, and others from any liabilities or damage which may result from furnishing the requested information.

STATE OF WYOMING)

) \$

COUNTY OF TETON)

SIGN YOUR NAME WHILE IN FRONT OF THE NOTARY

SUSCRIBED AND SWORN TO BEFORE ME BY

this _____ day of _____ 20 _____

Printed Name of Applicant

WITNESS my hand and Official Seal

Notary Public

Driver's License
 Valid Work Documentation
 Social Security Card number: _____ - _____ - _____
 If Denied:
 Mailed Certified / Return Receipt Notice/ Date: _____

APPROVED
 DENIED
 Date: _____
 By: _____
 Circle One: Fee paid Fee Not Paid Initial