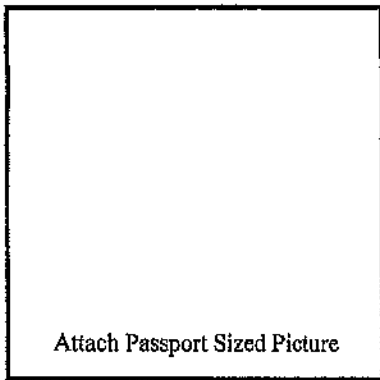




Taxi Operator's Permit Application



- New Application: \$30
 Reinstatement: \$30
 Retesting: \$30
 Renewal: \$30.00
 Duplicate: \$30
 2nd: \$60
 3rd: \$90

The afore mentioned fees are nonrefundable

Please complete this application form in BLOCK CAPITAL LETTERS to ensure the legibility of the information provided. Please attach the following documents when returning this application form to AIA.

- A Police Record within the last 6 months
 Proof of Vehicle Insurance
 Vehicle Registration
 Three (3) Passport Sized Photo
 Copy of Police Inspection Report issued within the last 6 months

| | | | | | | | |
|---|--|-----------------------------|--|-----------------------------------|--|------------------------------|--|
| Last Name | | First Name | | Middle Name | | Alias | |
| Present Address | | | | | | | |
| If New Applicant, List other Addresses in Past Two (2) Years | | | | | | | |
| Telephone (H) | | Telephone (C) | | Date of Birth (DD/MM/YYYY) | | Sex M F | |
| Height (Feet/ Inches) | | Weight (Lbs.) | | Eye Color | | Hair Color | |
| Place of Birth | | SVG ID Number NIS | | SVG Tourism Authority License No. | | | |
| Driver's License Class | | Driver's License Permit No. | | Driver's License Date of Expiry | | Company Name (If Applicable) | |
| Vehicle Plate No. | | Vehicle Year | | Make | | Model | |
| VIN# | | Passenger Seating Capacity | | | | | |
| Next of Kin | | | | Contact Number | | | |
| Prior Driving Experience (New Applicants Only- How Long have you been driving in St. Vincent and the Grenadines?) | | | | | | | |
| How long have you been driving commercially in St. Vincent and the Grenadines? | | | | | | | |

List all jobs held (including driving for different companies) during the last three (3) years. List the most recent first.

| Employer and Address | From (Mo/Yr.) | To (Mo/Yr.) | Type of Business | Reason for Leaving |
|----------------------|---------------|-------------|------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |



Taxi Operator's Permit Application

Medical Declaration Section. **To be completed by your physician**

Do you suffer, or have you been diagnosed with any medical condition(s)? YES NO

If yes, give details in the table below.

| Medical Condition | Length of Time Affected by Medical Condition | Prescription Drug(s) Used for the Medical Condition | Side Effects Experienced from the use of the Prescription Drug(s) |
|-------------------|--|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Have you been arrested by the police? _____

If yes, complete the following table.

| Offense or Charge | Place | Date | Disposition |
|-------------------|-------|------|-------------|
| | | | |
| | | | |

APPLICANT: Read carefully and sign.

I certify that the information provided on this form is accurate. I am aware of the rules, regulations, and requirements associated with operating a taxi at the Argyle International Airport. I am aware that procuring or attempting to procure an Airport Taxi Operator's Permit by fraud, misrepresentation, false or misleading statements, evasions, or suppression of material facts is ground for denial or revocation of an Airport Taxi Operator's Permit.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

FOR OFFICIAL USE ONLY

Received by (PRINT NAME): _____

Signature: _____

Received on: _____

STATUS OF APPLICATION:

Dated:

Amount Received _____

Taxi Permit Number Issued _____

Issued by (PRINT NAME): _____

Signature: