

**🞎 NEW**

**🞎 RENEWAL**

## **TAXICAB DRIVER PERMIT**

**CERTIFICATE OF EXEMPTION**

APPLICANT CHECKLIST

### 

**Applicant’s Name**  \_\_\_\_\_\_\_\_\_\_ **Phone** **\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Per the Ordinance Establishing County Taxicab Regulations, Ordinance No. 6029, Section 18-62 (c), the Sheriff’s Office is authorized to waive taxicab permit requirements by issuing Certificates of Exemption (COE) to taxicabs and/or taxicab drivers who are operating under valid permits or licenses issued by certain cities if the permits are similar in nature to those issued by the Sheriff’s Office. Certificates of Exemption will be valid as long as the permit issued by the respective city is still valid. To apply for a Sheriff’s Office Taxicab Driver Certificate of Exemption (COE), applicants must submit/complete the following:   |  |  | | --- | --- | |  | **Application for Certificate of Exemption Form** | |  | **Copies of the taxicab vehicle and/or taxicab drivers permits or licenses** issued by the city located within the geographic boundaries of the County which satisfy the requirements of Section 18-62 of Ordinance No. 6029. | |  | **Completed copies of all forms, documents, and other materials** provided as part of the application process to that city. | |  | **Copies of taxicab driver’s test results** conducted within 30 days of the Certificate of Exemption application submittal date pursuant to the Mandatory Controlled Substance and Alcohol Testing Certification Program. The most recent results and any prior results for the tests taken within 6 months must be reported. All test results provided to the County shall be retained as confidential and shall not be released without the consent of the applicant, except as otherwise authorized or required by law.  **Proof of Live Scan submittal of fingerprints**, applicants must use the Sonoma County Sheriff’s Office “Request for Live Scan Service” form available on the Sheriff’s website at: [www.sonomasheriff.org](http://www.sonomasheriff.org) | |  | **Agree to indemnify the County** by signing the indemnification agreement below. | |  | **Payment** of Certificate of Exemption Fee set forth by the Sonoma County Board of Supervisors. Contact the Sheriff’s Office at (707) 565-2650 for current fee schedule.  (Forms of payment accepted: 1) Cash, 2) Check (to “Sonoma County Sheriff’s Office”), 3) Cashier’s Check, 4) Money Order, 5) Visa or MasterCard (Vendor charges an additional $9.95 for each transaction over $100) | | | | |
| **Applications for a renewal of Certificates of Exemption must be submitted to the Sheriff’s Office at least 30 days prior to the termination of the existing certificate.**  **Tasks to be completed by Sheriff’s Office Personnel**:   * Criminal history check on fingerprints (Live Scan results) returned from Department of Justice   **🞎 ILEADS 🞎 CLETS 🞎 CONFIRMED OTHER AGENCY PERMIT 🞎 LIVE SCAN DATED:** \_\_\_\_\_\_\_\_\_\_\_\_    Initials: Date: SHERIFF or DESIGNEE: Upon review, this application is: ❑ APPROVED ❑ DENIED  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ | |  |
|  |  | |



**Assigned COE/ID:**

**Expires:**

**APPLICATION FOR**

**CERTIFICATE OF EXEMPTION**

**(Pursuant to Sonoma County Ordinance 6029)**

Complete all fields and type or print clearly in ink.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Application: | | | | |
| Name: | | | | |
| Other names you have used or been known by (maiden name, alias, nicknames): | | | | |
| Residence Address (include street, city, and zip code): | | | | |
| Mailing Address, if different (include street, city, and zip code): | | | | |
| Home Phone: | Cell Phone: | | Email: | |
| Are you a U.S. citizen?  Yes  No - VISA # | | | | Social Security No: |
| Date of Birth: | | Place of Birth: | | |
| Sex:  Height:  Weight:  Hair Color:  Eye Color: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s License Number: | State: | Date Issued: | Expiration Date: |

**INDEMNIFICATION AGREEMENT WITH COUNTY OF SONOMA**

**(Pursuant to Sonoma County Ordinance 6029)**

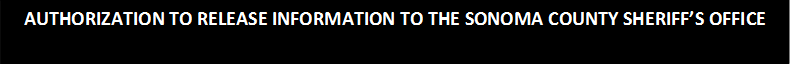
By submitting this application and signing below, I agree to defend, indemnify, and hold harmless the County of Sonoma, its officers, employees, and agents from all damages, liabilities, claims, actions, and other expenses (including attorney fees) resulting from or arising out of the operation of the taxicab.

***\_\_*     *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Applicant’s Printed Name Applicant’s Signature

**APPLICATION FOR CERTIFICATE OF EXEMPTION continued**

**(Pursuant to Sonoma County Ordinance 6029)**

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*Under penalty of perjury, I attest that all information submitted in support of this application is true and correct, that I have omitted no item requested to be answered, and have included a full and correct answer to each question to the best of my knowledge. I hereby authorize the Sonoma County Sheriff’s Office to make whatever inquiries are necessary to verify the truth of the matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the permit sought by this application.*

*If approved for a permit, I will comply with all of the provisions of the Taxicab Ordinance, Chapter 18, 6029 prior to the commencement of taxicab vehicle operation.*

***\_\_\_\_\_*     *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Applicant’s Printed Name Applicant’s Signature

**Executed on , 20\_\_\_\_ in the County of Sonoma in Santa Rosa, California.**