



Town of Inuvik
Passenger Transportation
 Application for Taxi Owner/Operator Permit



Application Type: New Renewal Change Vehicle Other: _____

Applicant Name:		Taxi #:
Applicant Date of Birth: MMMMMM / DD / YYYY		
Address:		
PO Box #:	Email:	
Home Telephone # () -	Cell Phone #: () -	
Preferred Method of Correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail		
Have you driven a taxi before? <input type="checkbox"/> No <input type="checkbox"/> Yes, where?: _____		
Will you be operating an Accessible Taxi? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Vehicle Information:

Make:	Model:	Color:	Year of Manufacture:
V.I.N. #			Plate #:
Registered Owner of Vehicle:			
The Vehicle will be Operating in the Fleet of: (Name of Passenger Transportation Business)			

Applicant Questionnaire:

Have you been convicted of an offence under the Criminal Code of Canada, the Controlled Drug and Substances Act, or the Liquor Act, within the previous five (5) years for which a pardon or record suspension has not been granted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Have you <u>ever</u> been convicted of a violent or controlled substance based offence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Do you currently have any charges pending for a violent or controlled substance based offence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Have you had your Driver's Licence suspended within the last five (5) years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Do you have five (5) or more convictions related to the operation or parking of a motor vehicle within the last two (2) years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*

* If Yes, please include letter detailing circumstances

<input type="checkbox"/> Application Fee Payment (\$100 Renewals, \$50 for Vehicle Changes, \$5,000 for Transfers)
<input type="checkbox"/> Copy of NWT Driver's Licence Attached (Required)
<input type="checkbox"/> Copy of Criminal Records Check Attached (Required Annually) <i>(Available from RCMP Detachment)</i>
<input type="checkbox"/> Copy of Registration Attached (Required)
<input type="checkbox"/> Copy of Insurance Attached (Required) <i>(Must show a policy value of at least \$2,000,000 liability/damage)</i>
<input type="checkbox"/> Letter from Taxi Company Confirming Membership In Fleet Attached (Required)
<input type="checkbox"/> Mechanical Inspection Form Attached (Required)
<input type="checkbox"/> Proof of First Aid/CPR Certification (Required For Accessible Taxi Drivers Only)

I certify that I am familiar with the Passenger Transportation Bylaw, the Highway Traffic Bylaw, and the provisions of the Motor Vehicles Act, and I understand that it is my responsibility to review these laws regularly. I certify that the information in this application is true and correct to the best of my knowledge. I understand that I must renew my permit prior to the date of expiry indicated on the permit, and that I cannot operate a vehicle without a valid permit.

SIGNATURE OF APPLICANT

DATE

For Internal Use Only: Approved Not Approved

Reviewed by Inspector: _____