

CITY OF LOS ANGELES  
DEPARTMENT OF TRANSPORTATION  
**DRIVER/ATTENDANT PERMIT APPLICATION**

Permit No. \_\_\_\_\_  
(Assigned by LADOT)

- New  
 Renewal  
 Replacement

dot.franchise@lacity.org  
(213) 928-9600

Company \_\_\_\_\_

*(Print in Ink)*       Ambulance    Litter Van    Non-Ambulatory

1. APPLICATION FOR  Taxicab    Motor Bus    PTV    Other       DRIVER PERMIT    ATTENDANT PERMIT

2. Name \_\_\_\_\_ 3. SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

Federal Law (P.L. 93-579, Sec. 7) requires that you be informed, when asked for your Social Security Number, that this number must be provided for identification purposes in the process of issuing Driver Permits and Attendant Permits. Authority requiring this informing is based upon provisions of the Municipal Code and the Rules of the Board of Transportation Commissioners, which were operational prior to January 1, 1975.

4. Home Address \_\_\_\_\_  
(Address) (Apt. #) (City) (Zip Code)

5. Mailing Address \_\_\_\_\_  
(if different from above) (Address) (Apt. #) (City) (Zip Code)

6. Home /Cell Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

7. Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
(City) (U.S. State or Country)

8. Height \_\_\_\_ ft. \_\_\_\_ in. Hair Color \_\_\_\_ Eye Color \_\_\_\_ Weight \_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Sex:  Male  Female  
Questions regarding race or ethnicity and sex are asked for Affirmative Action research only and will not affect a permit in any way.

9. Have you ever had a Driver License or chauffeur license suspended or revoked?  Yes  No If yes, explain on the reverse side.

10. Do you use intoxicating liquors and/or addictive drugs?  Yes  No If yes, explain on the reverse side.

11. Do you have any mental or physical incapacity or infirmity?  Yes  No If yes, explain on the reverse side.

12. Applicant must present the following valid, original documents. Provide the expiration date, if applicable, for each required document.

Ambulance Driver / Ambulance Attendant/ Litter Van Driver / Litter Van Attendant	Non-Ambulatory Driver / Non-Ambulatory Attendant	Motor Bus Driver / PTV Driver	Taxi Driver
<input type="checkbox"/> CDL No.* _____ exp. ____/____/____ <input type="checkbox"/> DMV K4 <=30 days <input type="checkbox"/> CA EMT-1 or higher ____/____/____ <input type="checkbox"/> Co. training letter <i>on w/c restraints and unloading patients</i> <input type="checkbox"/> Right to Work** <small>Ambulance Driver only: all above +</small> <input type="checkbox"/> DL-51 Med. Exam ____/____/____ <input type="checkbox"/> Ambulance Dr. Cert. ____/____/____	<input type="checkbox"/> CDL No.* _____ exp. ____/____/____ <input type="checkbox"/> DMV K4 <=30 days <input type="checkbox"/> CPR ____/____/____ <input type="checkbox"/> First Aid ____/____/____ <input type="checkbox"/> Right to Work** Other ____/____/____	<input type="checkbox"/> CDL No.* _____ exp. ____/____/____ <input type="checkbox"/> DMV K4 <=30 days old <input type="checkbox"/> Right to Work** <small>Motor Bus only: all above +</small> <input type="checkbox"/> DL-51 ____/____/____ <input type="checkbox"/> Class "B" CDL	<input type="checkbox"/> CDL No.* _____ exp. ____/____/____ <input type="checkbox"/> DMV K4 <=30 days <input type="checkbox"/> Right to Work** <input type="checkbox"/> W/C certificate <i>if applicable</i> <input type="checkbox"/> Drug Test <=30 days <i>or</i> <small>For renewals only</small> <input type="checkbox"/> Drug Program Certificate <small>Indicating <u>current</u> enrollment</small>

\*CA driver license required or, for Attendant only, a CA ID Card in lieu of CDL. \*\*Examples include Social Security Card without restrictions, US Passport, US Birth Certificate, Permanent Resident Card, Employment Authorization Card, etc.

13. Before answering the below question, read the following statement: YOU ARE REQUIRED TO DISCLOSE ALL CRIMINAL CONVICTIONS. Failure to disclose any and all convictions, including expungements/dismissals per PC§1203.4, or the submittal of inaccurate dates of conviction and/or expungement is falsification of application and sufficient cause for the immediate cancellation/denial of a permit and forfeiture of all fees paid. Per PC §1203.4 you are obligated to disclose convictions, expungements, and dismissals when required by a local agency for licensure purposes.



Have you ever been convicted\*, either as a juvenile, an adult, or by military trial, of any crime (infraction, misdemeanor or felony), or entered a plea of guilty or "nolo contendere" ("no contest"), or had any conviction that has been expunged, set aside, or dismissed under CA Penal Code §1203.4?



Yes  No

If yes, explain on the reverse side.

\*Conviction\* and \*convicted\* mean the final judgment on a verdict or finding of guilty, a plea of guilty or nolo contendere.

15. BY SIGNING THIS APPLICATION, I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS HEREIN ARE TRUE AND CORRECT.

Signature of APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

LADOT Clerk \_\_\_\_\_ Date processed \_\_\_\_\_

**For LADOT Use Only**

Taxi Exam	Criminal History / Citizenship / Tickets	Permit Status
For additional permitting information visit: www.ladot.lacity.org (Click on "Taxi & Ambulance")	<input type="checkbox"/> Live Scan ____/____/____ <input type="checkbox"/> DOJ on file <input type="checkbox"/> CIT (US birth cert / US passport / Nat cert) on file <input type="checkbox"/> PTC	<input type="checkbox"/> Approved <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denied <small>see reverse side for explanation</small> <input type="checkbox"/> Hold ____/____/____ Reason _____ Rectified ____/____/____

