



**CITY OF MOSES LAKE
TAXI DRIVER REQUEST FOR
BACKGROUND INVESTIGATION**

Internal Use Only

Date of Application

/ /

Receipt Number

Permit #

BUSINESS INFORMATION

Business Name: _____ (DBA) _____

Business Address: _____

City _____ State _____ Zip _____

Business Phone:

() -

Business Owner:

Owner Phone:

() -

Business Owner Address: _____

Vehicle License:

State:

City _____ State _____ Zip _____

APPLICANT INFORMATION

Name: _____ Middle: _____ Last: _____

Additional Names Used:

Drivers License #:

State:

Telephone Number:

Cellular Number:

() -

() -

Date of Birth:

U.S. Citizen:

Sex:

Height:

Weight:

Eyes:

Hair:

/ /

Yes _____ No _____

M F

ADDRESS HISTORY

Current Address: _____ City: _____ State: _____ Zip: _____ From: _____

Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____ From: _____ To: _____

EMPLOYMENT

Current Employer:

Telephone Number:

From:

() -

Address:

City:

State:

Zip:

Previous Employer:

Telephone Number:

From:

To:

() -

Address:

City:

State:

Zip:

Previous Employer:

Telephone Number:

From:

To:

() -

Address:

City:

State:

Zip:

CRIMINAL HISTORY DISCLOSURE

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If you answered yes to the question above, please complete the following:

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

BOND INFORMATION

Have you ever forfeited a bond? _____ Yes _____ No

If you answered yes to the question above, please complete the following:

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

Charges: _____

Date: _____ City: _____ State: _____ Zip: _____

I swear under penalty of perjury, all statements in this application are true and correct to the best of my knowledge. I understand an investigative report may be prepared on all information contained herein, and I hereby consent to such an investigation.

Incomplete applications will not be investigated.

Applicant Signature: _____ **Date:** _____

Print Name: _____

BACKGROUND SCREENING FEES SHALL BE ASSESSED IN ACCORDANCE WITH THE ADOPTED FEE SCHEDULE.

PLEASE SUBMIT COMPLETED APPLICATION AND PAYMENT TO CITY OF MOSES LAKE

FINANCE DEPARTMENT - 401 S. BALSAM ST., MOSES LAKE, WA 98837

PLEASE BRING THIS COMPLETED APPLICATION AND RECEIPT TO THE MOSES LAKE POLICE DEPARTMENT, LOCATED AT 411 S. BALSAM ST., FOR FINGER PRINTING ON THURSDAYS FROM 2:00 P.M. TO 4:00 P.M. IF AN APPLICANT IS UNAVAILABLE ON THURSDAYS, CALL (509) 764-3887 TO SCHEDULE AN APPOINTMENT.

MOSES LAKE POLICE DEPARTMENT USE ONLY

Investigation Completed By: _____ Date: _____

Approved: _____ Denied: _____

Signature of Authorized Agent: _____

401 S Balsam St.
P.O. BOX 1579
Moses Lake, WA. 98837
(509)764-3803
(509)764-3738 Fax
bsypert@cityofml.com



Authorization of Taxi Driver

This form is to be completed by a registered business owner and submitted with the taxi screening application for all taxi cab drivers.

Name of Company: _____

DBA: _____

UBI#: _____ Phone#: _____

Physical Address: _____

Mailing Address: _____ State: _____ Zip: _____

I hereby authorize _____, Driver's License Number _____, to operate a taxi for the before mentioned company.

I declare under penalty of perjury of the laws of the State of Washington that the foregoing information is true and correct.

Signature of Registered Owner

Date

Subscribed and sworn to before me on this date:	My Commission expires
Notary Public Signature	Residing at:



Moses Lake Police Department

WAIVER OF CONFIDENTIALITY CITY BUSINESS LICENSE FINGERPRINTING

The City of Moses Lake requires that all applicants for taxi cab drivers, solicitors, mobile food vendors, pawn shop and second hand dealers in the city of Moses Lake are finger printed as part of the background check process. These results will be used to determine your eligibility to possess a city license to drive a taxi cab, solicit door to door, work as a mobile food vendor, work as a pawn shop or second hand dealer within the city limits of Moses Lake.

By signing this form, I hereby acknowledge that criminal background information and other criminal history related information received from the Washington State Patrol and Federal Bureau of Investigation criminal background check will be used by the Moses Lake Police Department to determine your eligibility to possess a city license.

I understand my fingerprint background check will be submitted to both the Washington State Patrol and FBI to check criminal history records. _____ (initial)

I understand that if I have a criminal history record, I will have 30 days from the issue date of my city ID card to verify or challenge the results of the records obtained. _____ (initial)

I understand that my criminal history record check results will only be used for authorized purposes by the Moses Lake Police Department and is not disseminated to other agencies or individuals. _____ (initial)

I understand I will immediately be provided a copy of my WSP/FBI criminal history record if I request it. _____ (initial)

Print Name

Signature

Date

Moses Lake Police Department 411 S Balsam Ave, Moses Lake, WA 98837 (509)764-3887

Professionalism, Integrity, Compassion, Service