



# Application for City of Tomball Chauffeur's License

Application Date \_\_\_\_\_

TO: The Office of the City Secretary  
City of Tomball  
401 Market Street  
Tomball, Texas 77375

**NOTICE: All spaces provided on this application MUST be filled out to the best of the applicant's knowledge. If a question does not apply, please state so by writing in N/A. The City of Tomball reserves the right to deny an application for falsifying information or failing to provide information.**

## Personal Description

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.N. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Race \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ Inches Weight \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Complexion \_\_\_\_\_  
Body Marks \_\_\_\_\_ Facial Marks \_\_\_\_\_

## Employment

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Normal Work Schedule \_\_\_\_\_

## Legal Records

Texas Driver's License No. \_\_\_\_\_ Type \_\_\_\_\_  
Do you have any outstanding warrants against you? \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_  
If so, please explain \_\_\_\_\_  
Have you ever been convicted of a misdemeanor? \_\_\_\_\_  
If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Length of Residency

Are you a citizen of the U.S.?  Yes  No  
How long have you resided in Texas? \_\_\_\_\_ In the city of Tomball? \_\_\_\_\_  
Birthplace of Parents \_\_\_\_\_  
Address of Parents \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Health

PLEASE ATTACH A CERTIFICATE FROM A REPUTABLE PHYSICIAN OF THE CITY THAT YOU ARE NOT AFFLICTED WITH ACTIVE VENEREAL DISEASE OR ANY DISEASE OR DISABILITY WHICH WOULD SERIOUSLY IMPAIR YOUR ABILITY TO DRIVE AND OPERATE A TAXICAB IN A SAFE MANNER UPON THE STREETS OF THE CITY. SUCH CERTIFICATE SHALL INDICATE SPECIFICALLY THE CONDITION OF YOUR HEARING AND EYESIGHT.

**Please Attach the Following**

- Fingerprint Card (will be arranged for by the Tomball Police Department)
- Three (3) photographs (closeups without a head covering)
- Health Certificate

**Terms & Provisions**

I CERTIFY THAT MY ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF I PURPOSELY FALSIFY ANY ORAL, WRITTEN OR SIGNED STATEMENT CONCERNING THIS APPLICATION, I MAY BE CHARGED IN MUNICIPAL COURT FOR MAKING A FALSE STATEMENT AND THAT I CAN BE FINED FROM \$25 TO \$200 FOR THIS OFFENSE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE THESE ANSWERS SHOULD ANY CHANGES OCCUR DURING MY TENURE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application received by \_\_\_\_\_  
Application approved by \_\_\_\_\_  
Permit Issued by \_\_\_\_\_  
Permit Expires \_\_\_\_\_  
Refused \_\_\_\_\_  
City Manager Approval \_\_\_\_\_  
City Manager Refusal \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Reason for Refusal \_\_\_\_\_  
Date \_\_\_\_\_  
Reason for Refusal \_\_\_\_\_