

Dallas Fort Worth International Airport Board Taxicab and Limousine Driver Permit Application

BOARD USE ONLY

New Renewal Company Add Only Permit #: _____ GTAS : _____
 Application Date: ___/___/___ Application Expiration Date: ___/___/___ Amount Paid: _____

DRIVER INFORMATION (Print in black ink only)

Permit Type TAXI LIMOUSINE Action NEW RENEWAL COMPANY ADD

* Last Name _____ * First Name _____ * Middle Name _____

* Social Security Number _____ - _____ - _____ * Driver Permit Number _____ Permit Type _____

Texas Drivers License Number _____ Class _____ Expires ___ / ___ / ___ Restrictions _____

* Birth Date (MM/DD/YYYY) ___ / ___ / ___ * Place of Birth (State /Country) _____

* Gender _____ * Race _____ * Eyes _____ * Hair _____ * Ht. _____ * Wt. _____

* Home Address _____ * Apt. # _____

* City _____ * State _____ * Zip _____

* Business Phone _____ * Home Phone _____ * Cell Phone _____

E-mail Address _____

Do you hold another DFW Driver Permit? NO YES If so, list permit number _____

* Country of Citizenship _____

* Alien Registration Number (if applicable) _____ Expiration _____

* Employment Authorization Document (if applicable) _____ Expiration _____

* I-94 Arrival/Departure Record Number (if applicable) nine digits _____ Expiration _____

* I-9 Employment Eligibility (if applicable) _____ Expiration _____

* Non-Immigrant Visa Number (if applicable) _____ Expiration _____

* Passport Number (if applicable) _____ *Passport Country _____ Expiration _____

* Certificate of Birth Abroad, Form DS-1350 (if applicable) ten digits _____ Expiration _____

*** The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine, imprisonment, or both. (See Section 1001 of Title 18 of the United States Code at <http://uscode.house.gov/search/criteria.shtml>).**

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever applied for a D/FW Airport drivers permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had a D/FW Airport drivers permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been denied a D/FW Airport drivers permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had a D/FW Airport drivers permit revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any physical or mental disease or disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you under indictment now, or in the last 5 years have you been convicted or released from confinement imposed for conviction for a crime involving murder, theft, burglary, robbery, prostitution, public lewdness, a sexual offense, a drug related offense, or DWI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has your State Drivers License been suspended in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are there any charges pending or warrants outstanding against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you been involved in any accidents in the past 3 years/where you were the driver of the vehicle, if so, list each on reverse side of this form. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are you addicted to the use of alcohol or narcotics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any questions were answered "Yes", please give a complete explanation. Include dates, locations, and the status of each item in question.

DRIVER INFORMATION (Print in black ink only) continued

This application will expire in (60) days. If all of the provisions for qualification are not met, your application will be denied. All application fees are non-refundable. DFW driver permits are NON-TRANSFERABLE.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE QUALIFICATIONS & PROVISIONS FOR OBTAINING A PERMIT AND THAT ALL THE ANSWERS I HAVE GIVEN ON BOTH SIDES OF THIS FORM ARE ACCURATE AND COMPLETE.

APPLICANT'S SIGNATURE: X _____ DATE: _____

COMPANY AUTHORIZED REPRESENTATIVE (Must be fully completed)

LIMOUSINE APPLICANTS ONLY (must be notarized)

I certify that (applicant's name) _____ has successfully completed a driver training program in accordance with Chapter 4 of the Code of Rules and Regulations of the Dallas Fort Worth International Airport Board and is a bona-fide employee of (company name). _____

X _____ (Signature, Authorized Company Representative) _____ (Date)

THE STATE OF TEXAS, COUNTY OF _____

I, _____, do hereby certify that on the _____ day of _____, 20____, personally appeared before me _____ (Authorized Company Representative), declared that he or she is the person who signed the foregoing document and the statements therein contained are true.

X _____ (Notary Public in and for the State of Texas) My commission expires: _____

SEAL

TAXICAB APPLICANTS ONLY

I certify that (applicant's name) _____ has successfully completed a driver training program in accordance with Chapter 4 of the Code of Rules and Regulations of the Dallas Fort Worth International Airport Board and is contracted or employed by (company name). _____

X _____ (Signature, Authorized Company Representative) _____ (Date)

Attachment A
DFW Driver Permit Application

Note: Must be completed and submitted with DFW Driver Permit Application.

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| Privacy Act Notice |
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Authority: 49 U.S.C. §§ 114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA's records to ensure the validity of your name and SSN.

Routine Uses: This information may be shared with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

I have read the preceding information and understand my rights as an applicant. By signing below, I acknowledge my understanding and agree to all the terms discussed in this Privacy Act Notice.

Signature: _____ Date: _____

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|----------------|
| Certifications |
|----------------|

The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202.

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____ Date of Birth: _____

SSN and Full Name: _____