

Driver / Accessible Driver Licence Application

Kingston Area Taxi Commission (KATC)
 12-1201 Division Street
 Kingston, Ontario, K7K 6X4
 Phone: 613-547-3763 Fax: 613-547-2857
 Hours: 9:00 am to 5:00 pm, Weekdays
 Email: info@katc.ca / www.katc.ca



The personal information on this form is collected under the authority of By-Law No.2. The information will be used to license, regulate and govern taxi owners, drivers and businesses licenced under the provisions set forth in By-Law No.2. Questions regarding the collection of this information should be directed to the Licencing Manager, 613-547-3763 ext. 101.

Application Information

Type of Taxi Licence applied for			
Applicant's Name: Last		First	Middle Initial(s)
Address			Apt./Unit #
City	Province	Postal Code	Phone #
Cell #	Email Address		Date of Birth (MM/DD/YY)
Colour of Eyes	Colour of Hair	Height	Weight
Are you legally permitted to work in Canada?		Yes No	Gender
Ontario Driver's Licence Number			Driver's Licence Class

General Information

Name of Taxi Company you will be operating from, if known:		
Are you now or have you ever been licensed as a taxi driver in Kingston or any other Ontario municipality? If yes, state Municipality:	Yes	No
Have you ever been convicted of an offence under:	Yes	No
(a) Federal Law (eg. Criminal Code of Canada)?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Provincial Law (eg. Highway Traffic Act)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give full particulars:		

Consent:

I am the applicant herein and am aware that a search will be made to process my application for a licence and I consent to the Kingston Area Taxi Commission making inquiries to the Ministry of Transportation and Kingston Police regarding my driving record and any criminal offence for which a pardon has not been granted.

Date: _____

Signature of Applicant: _____