



**MINISTRY OF TRANSPORT & AVIATION
P. O. BOX N-1615
NASSAU, BAHAMAS**

Application for the Grant of Tax--Cab Licence
ROAD TRAFFIC ACT - SECTION 66

Reference Number: _____

1. Full Name: _____

2. Address: _____

3. Telephone Number : _____

4. Place of Birth: _____

5. Occupation: _____

6. Do you hold a Public Service Drivers Licence? YES NO

If YES what is your Badge Number: _____

7. How long have you held such a licence? _____

8. If Yes, give description of each licence: _____

9. Were you previously issued a Taxi Plate? _____

10. List the number(s) of the Plate: _____

11. Do you own any other Franchise?: YES NO

12. If the answer to question 12 is YES please list them by number and type _____

13. Do you hold a current drivers licence? YES NO Licence Number: _____

14. Have you ever been disqualified from driving? YES NO

15. If YES, give details of the reason for disqualification: _____

16. Do you own the vehicle which you intend to use as Taxi-Cab? YES NO

17. Will you be the driver of the taxi for which you are requesting a licence? YES NO

If the answer is NO, name the driver(s) and say why you will not be the driver: _____

I DECLARE that the above particulars are correct.

Signed: _____ Date: _____

FOR OFFICIAL USE ONLY

APPROVED

NOT APPROVED

CONTROLLER

DATE RECEIVED