

Application for Driver/Operator Licence



City of Mississauga
 Transportation and Works Department
 Enforcement Division, Mobile Licensing
 3235 Mavis Road, Ground Floor
 Mississauga ON L5C 1T7
 Telephone No. 905-896-5643
 Fax No. 905-615-4486
 Bus. Hours: 8:30 a.m. to 4:00 p.m.
 Monday to Friday
www.mississauga.ca/enforcement

Personal information on this form is collected under the authority of sections 11, 150, 151, and 156 of the Municipal Act 2001, and City of Mississauga By-Law #420-04, as amended. The information will be used to license, regulate and govern owners and drivers of Taxicabs and the business of Taxicab Brokers and for the administration of the Public Vehicle Licensing Program. Questions regarding the collection of this information should be directed to the Manager, Mobile Licensing Enforcement, 905-896-5463.

Applicant Information

Type of Driver's Licence applied for: _____

Applicant's Name: _____
(last name) (first) (middle name(s))

Address: _____ Apt./Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

Cell Phone #: _____ Email Address: _____

Date of Birth: _____ Colour of Eyes _____ Hair _____ Height _____ Weight _____

Are you legally permitted to work in Canada: Yes No Gender: Male Female

Ontario Driver's Licence Number: _____

General Information

1. Provide name of Company you will be operating from, if known? _____		
2. Are you now or have you ever been licensed as a driver in Mississauga or any other Ontario Municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state municipality _____		
3. Have you ever had any licence or registration of any kind, excluding Ontario Driver's Licence, refused, suspended, revoked or cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full particulars _____		
4. Are there any unpaid judgments outstanding against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full particulars _____		
5. Have you been convicted of any:		
(a) Federal Law (eg. Criminal Code of Canada)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Provincial Law (eg. Highway Traffic Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Municipal by-Law (eg. Public Vehicle Licensing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any law of any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full particulars _____		
6. Is your Ontario Licence current and valid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the questions in #5, 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 City of Mississauga making inquiries to the Ministry of Transportation and Peel Regional Police regarding my driving record and any criminal offence for which a pardon has not been granted.

Date _____ Signature _____

The following section is to be completed in the presence of a Justice of the Peace, Commissioner of Oaths, Lawyer, etc.

AFFIDAVIT

Province of _____)
)
 Ontario) I _____
) (Name)
 to Wit) of the _____ of _____
) (Insert Town or City) (Insert Name of Town or City)
 in the _____ of _____
) (Insert Region or County) (Insert Name of Region or County)

Make oath and say

- I am the applicant herein for a licence and I signed the application.
- The information given by me in this application is true, the name set out in the application is in fact my true name, and I will not hold myself out in any other manner.
- I will not commence to drive/operate until I receive my licence.

SWORN BEFORE ME AT THE:

City of Mississauga In the Judicial District of: Peel

this _____ day of _____ 20_____

(Commissioner, etc.)

Signature