

AEROPORT TAXI
DRIVERS APPLICATION FORM

First Name:
Last Name:
Address (including Postal Code):
Home Phone:
Cell Phone:
Ontario Drivers License No:
Original Issue Date:
Taxi Driver License No:
Original Issue Date:

TAXICAB DRIVING EXPERIENCE

Taxi Company	Car #	From	To	Municipality

Other Professional Driving Experience (e.g. truck, bus, courier, etc.):

ACCIDENT HISTORY

Please disclose all previous accidents at fault or not, on a taxi or private vehicle.

Date	Taxi or Other	Accident Type	Injuries	Benefits From / To	Fault

Private Vehicle Insurance Information

Year / Make of Auto	Insurance Co. Name	Policy Number	Policy Expiry Date

Have you ever been denied insurance or had your policy cancelled by an insurer.

Yes___ No ____

If Yes, please provide details.

Applicants Certification and Authorization

I hereby consent to the collection, use and disclosure of this information by Aeroport Services, Khair Agency Inc, it's related successor, and insurance companies related to my application.

Initials_____

I consent to P.B.L. INS. Brokers, a division of Blonde & Little Insurance Limited (the broker) may obtain information from my past insurance history or an experience letter from my previous insurance company/broker.

Initials _____

I understand that any false information that I may have made in this application may result in my being denied acceptance.

Signature_____ Date: _____

Insurance Approval

Approved_____ (YES or NO)

Date:_____ By: _____

- Abstract
- Taxi Lic
- Dr's Lic
- Exp Letter