FOR-HIRE VEHICLE APPLICATION

BUSINESS INFORMATION

Business Name:	Business Phone #:
DBA (if applicable):	
Business Address:	
City, State, Zip:	Business Email:
Business Structure: ❑ Sole Proprietor ❑ Partnership ❑ Corporation ❑ LLC	

OWNERSHIP INFORMATION

Owner Name:	Primary Phone #:
Address:	Alternate Phone #:
City, State, Zip:	Email Address:
Owner Name:	Primary Phone #:
Address:	Alternate Phone #:
City, State, Zip:	Email Address:

FOR-HIRE VEHICLE OPERATOR(S)

Provide requested information for all drivers who will be operating for-hire vehicles (attach additional pages if needed).

Please provide driver's name as it appears on their drivers license.

Driver's Name:	Driver's License #:
Address:	Phone #:
City, State, Zip:	Date of Birth:
Driver's Name:	Driver's License #:
Address:	Phone #:
City, State, Zip:	Date of Birth:
Driver's Name:	Driver's License #:
Address:	Phone #:
City, State, Zip:	Date of Birth:
Driver's Name:	Driver's License #:
Address:	Phone #:
City, State, Zip:	Date of Birth:
Driver's Name:	Driver's License #:
Address:	Phone #:
City, State, Zip:	Date of Birth:

FOR-HIRE VEHICLE IDENTIFICATION

YEAR	MAKE / MODEL	VEHICLE ID NUMBER (VIN)	LICENSE PLATE #

INSURANCE POLICY INFORMATION

Insurance Company:	Policy Number:

***** **Valid certificate of insurance must be included with application.** *****

AFFIDAVIT

I declare under penalty of perjury under the laws of the State of Washington that the information I have provided is true and correct.

Signature:	Date: