



GROUND TRANSPORTATION OPERATOR **PERMIT APPLICATION**

Telephone: (307)-733-3932

www.townofjackson.com

Instructions: Failure to complete any item will delay the processing of your application. A non-refundable forty dollar (\$40) fee must be paid at the time of application. Please submit application in person.

Provide valid driver's license Two (2) passport sized color photos

New Application Renewal

Please print legibly **Circle one: Fee Paid Not Paid Initial:**

Ground Transportation Business for whom the applicant will be driving _____

DBA: _____ Business License Number: _____

Operator Name				Date of Birth	
	Last name	Middle name	First name		YYYYmmdd
Place of birth					
	City	State	Country		

DL# _____ State _____ Other states that you have previously held Driver's Licenses _____

Gender M F Height _____ Weight _____ Hair _____ Eyes _____ Race _____

Phone (____) _____ Alt Phone (____) _____ Fax (____) _____

Mailing Address _____

Physical Address _____

Length of time at current residence _____

Address of place of residence(s) during the past three years if other than present address

1 _____ 2 _____

3 _____ 4 _____

The approximate date, of the latest previous application under Town ordinances, if any. _____

Have you ever had a Vehicle or Operator's Permit issued by the Town of Jackson revoked? Yes No

Have you ever been convicted of a felony in the U.S.? Yes No

If yes: Date _____ Location _____

I, _____, do hereby swear and affirm the information I have supplied in this application is true and correct to the best of my knowledge. Further, I do hereby consent to the release of all medical, physical, criminal and any other information, including information of a confidential or privileged nature by any person(s) having such records for the purpose of checking my suitability to obtain the permit requested herein. I hereby release said persons, their organizations, and others from any liabilities or damage which may result from furnishing the requested information. A photocopy of this release is considered as valid as an original.

STATE OF WYOMING)
) §
COUNTY OF TETON)

SUSCRIBED AND SWORN TO BEFORE ME BY
this _____ day of _____ 20 _____

signature of applicant

printed name of applicant

WITNESS my hand and official seal

Notary Public

Photographs furnished

APPROVED

By _____

Identity Verified

DENIED

Date _____

If denied, reason(s) for denial _____

See reverse side for further comments