

# SAN FRANCISCO POLICE DEPARTMENT

## PEDICAB OPERATOR APPLICATION

DATE: \_\_\_\_\_ RECEIPT # \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

RESIDENCE ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. CITY STATE ZIP

RESIDENCE PHONE: \_\_\_\_\_  
AREA CODE NUMBER

\_\_\_\_\_  
SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR DATE OF BIRTH PLACE OF BIRTH

DRIVER'S LICENSE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
NUMBER STATE

OTHER NAMES USED \_\_\_\_\_

BUSINESS NAME/ EMPLOYED BY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
NUMBER STREET APT. CITY STATE ZIP

BUSINESS PHONE: \_\_\_\_\_  
AREA CODE NUMBER

LIST YOUR RESIDENCES FOR THE LAST FIVE YEARS. USE ADDITIONAL FORMS, IF NECESSARY.

FROM DATE	TO DATE	ADDRESS RESIDED AT (NUMBER, STREET NAME, CITY)

**LIST YOUR EMPLOYMENT FOR THE LAST FIVE YEARS. USE AN ADDITIONAL FORMS IF NECESSARY.**

FROM DATE	TO DATE	COMPANY NAME & ADDRESS	TYPE OF WORK

**HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NO CONTEST TO ANY CRIME? (MARK "X")**

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PROVIDE THE INFORMATION REQUIRED BELOW. USE AN ADDITIONAL FORM IF NECESSARY. FAILURE TO PROVIDE FULL INFORMATION RELATIVE TO PRIOR CONVICTIONS, GUILTY PLEAS OR NO CONTEST PLEAS MAY BE CAUSE TO DENY THE PERMIT.**

OFFENSE	DATE	PLACE OF ARREST	DISPOSITION

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT, EXECUTED AT SAN FRANCISCO, CALIFORNIA. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED BY ME, RELATIVE TO THIS APPLICATION, MAY BE CAUSE TO EITHER DENY THE REQUESTED PERMIT OR REVOKE THE PERMIT THAT IS GRANTED.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT FULL NAME

SIGNATURE \_\_\_\_\_

**VALIDATION SECTION**  
**SAN FRANCISCO POLICE DEPARTMENT**  
 (IF VALIDATED THIS APPLICATION CONSTITUTES A TEMPORARY PERMIT)

ISSUED BY: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

CHIEF OF POLICE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_