

Ground Transportation Operator Permit Application



1. Failure to complete any item will delay the processing of your application. The application fee shall be made at the time of application and is non-refundable.

Application Fee: New Application \$120.00 Paid / Not Paid Initial _____
 Fee Increase 7-3-2023 Renewal Application \$61.00 Paid / Not Paid Initial _____
 (working for same company with no lapse of permit)

2. Submit this application in-person with your original driver's license and work documentation.

APPLICANT PLEASE PRINT LEGIBLY

Name of Ground Transportation _____ dba, if different:
 Business you will be driving for: _____
 Business Phone # _____ Business License # _____

Applicant Name: _____ **Phone #:** _____
 Last Name, First, Middle

Mailing Address: _____

Physical Address: _____

Length of time at current residence: _____ **If shorter than 3 years, provide address of previous residences for the last 3 years:**

1. _____	3. _____
2. _____	4. _____

Date of Birth: _____ **Place of Birth:** _____
 M M / D D / Y Y Y Y City State Country

Driver's License #: _____ **State:** _____ **Expiration date:** _____

List all other states where you have previously held a driver's license: _____

Social Security #: _____ - _____ - _____ **Gender:** M F **Height:** _____ **Weight:** _____ lbs.
Race: _____ **Hair Color:** _____ **Eye Color:** _____

Have you ever applied for a Jackson Operator's Permit before? Yes No **If so, when?** _____

Have you ever had an Operator's permit issued by the Town of Jackson revoked or denied? Yes No

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

If yes, provide Date and City/State: _____

Are you a citizen of the United States? Yes No *If no, complete the next question.*

Do you possess a valid work permit for the United States? Yes No **Expiration date** _____

I, (print your full legal name) _____, 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 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 person(s), their organization(s), and other from any liability or damage which may result from furnishing the requested information.

STATE OF WYOMING)
 COUNTY OF TETON)

Applicant Signature sign in front of Notary Public

Signed before me on this _____ day of _____,
 20____ by the APPLICANT STATED ABOVE.

 Notary Public

To be completed by Jackson Police Department:

Applicant shall provide the following with this application: Driver's License Work Documentation, if not US citizen New Photo
 Received by: _____ Date: _____ Existing Photo