

SAN FRANCISCO POLICE DEPARTMENT PEDICAB OPERATOR

Applicant's Name _____ Residence Phone _____
Last First Middle

Residence Address _____
Number Street Apt. City State Zip

Sex Height Weight Eye Color Hair Color Date of Birth Place of Birth
Driver's License _____ Social Security # _____
Number State

Other Names Used _____

Business Name/Employed by _____

Business Address _____
Number Street Apt. City State Zip

List your residence for the last five years (Use additional form if necessary)

List your employment for the last five years (Use additional form if necessary)

Have you ever been convicted or plead guilty to any Crime? Yes ___ No ___

If yes, provide the information required below. Use additional forms if necessary. Failure to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.

<u>Offense</u>	<u>Date</u>	<u>Place of Arrest</u>	<u>Disposition</u>

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 considered cause to either deny the requested permit or revoke the permit that is granted.

Name (print) _____ Signature _____ Date _____
