



City of Arlington, Texas Pedicab/NEV Driver Permit Application

INSTRUCTIONS

1. Fill out application completely and submit all attachments listed below.
2. Provide **original signatures and notarizations** on the third page of the application as indicated. Emailed or photocopied signatures cannot be accepted.
3. Complete the **DPS Computerized Criminal History Verification** form provided on the fourth page.
4. Attach the following items to the application:
 - Written proof of completion of a **defensive driving course** within the last two years.
 - Written proof of completion of a **drug screening test** within the last 30 days from date of application. Original documentation must be submitted.
 - A photocopy of your **driver's license**. Drivers must be at least eighteen (18) years of age.
 - Two (2) current **passport-size photographs** without sunglasses or hat.

FOR OFFICE USE ONLY:

- Application Completed and Notarized
- TX DPS CCH Form Completed
- Driver's License Check
- Criminal Background Check
- Defensive Driving Course <2 Years Old
- Drug Screen Test <30 Days Old
- Copy of Driver's License
- Photographs

DISPOSITION:

Date Processed: _____

Approved; Permit #: _____

Denied

COMMENTS:

After city staff reviews the application and conducts background checks, if accepted, applicant will be notified to pick up and pay for driver permit. Applications/permit fees are submitted to:

In Person: Public Works and Transportation
City Hall, 2nd Floor
101 West Abram Street
Arlington, TX 76011

Via Mail: Public Works and Transportation
Mail Stop 01-0220
P. O. Box 90231
Arlington, TX 76004-3231

***Please allow a minimum of 3 business days to process complete applications.
Drivers must keep their permits with them at all times and make them available upon request.***

DRIVER INFORMATION

Name: _____ Date of Birth: _____

Driver's State and License Number: _____ Class: _____ Expires: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____ Sex _____

Current address: _____

Phone: _____

Email: _____



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1. Are you at least eighteen (18) years of age? Yes No
2. Have you ever applied for a City of Arlington Pedicab/NEV driver permit? Yes No
3. Have you ever been denied a City of Arlington Pedicab/NEV driver permit Yes No
4. Have you ever had a City of Arlington Pedicab/NEV driver permit revoked? Yes No
5. Do you have any physical impairment, physical or mental disease? Yes No
6. Are you under indictment now or, in the last 5 years, have you been convicted, received deferred adjudication, or released from confinement imposed for conviction for a crime involving murder, kidnapping, a sexual offense, an assaultive offense, robbery, burglary, theft, fraud, tampering with a governmental record, prostitution / obscenity, carrying or possession of a weapon, a drug or controlled substance offense, or driving while intoxicated?..... Yes No
7. Has your state driver’s license been suspended or revoked in the last three years? Yes No
8. Are there any charges pending or warrants outstanding against you? Yes No
9. Have you been involved in any accidents in the last three years when you were the driver of the vehicle? Yes No

If any of questions 1 to 8 were answered “yes,” please provide a complete explanation. Include dates, locations, and the current status of each item:

10. List all traffic citations issued to you in the last thirty-six (36) months (speeding, stop sign, parking, no insurance, expired registration, etc.), regardless of disposition.

Date	Location	Violation	Disposition



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Pedicab/NEV Driver Permit Application**

DECLARATION OF APPLICANT

Pedicab/NEV driver permits are a means of administrating a process and do not constitute property or rights to property for driver permit holders and as such, no property rights or interests are created by the submittal of a Pedicab/NEV Driver Permit Application. A Pedicab/NEV Driver Permit has no value and cannot be transferred, pledged as a security interest, or be subjected to execution by a judgment holder or bankruptcy estate. The City of Arlington reserves the right to stop Pedicab and NEV services at any time without providing compensation or to modify or revoke a Pedicab/NEV Driver Permit without providing compensation. Whenever use of public right-of-way for public purposes prevents the operation of a Pedicab or NEV, the Pedicab/NEV Driver Permit is not entitled to compensation for losses resulting from the loss of use of such right-of-way. Nothing contained in this Application shall be construed to create any liability against the City.

RELEASE, DEFEND, HOLD HARMLESS, INDEMNIFY

_____ (Applicant) **FULLY RELEASES THE CITY OF ARLINGTON, ITS AGENTS, CONTRACTORS, EMPLOYEES, ASSIGNEES AND OFFICIALS THEREOF, FROM ANY AND ALL LOSS, DAMAGE, LIABILITY, CLAIM, EXPENSE, SUIT, OR DEMAND OF ANY KIND WHATSOEVER ARISING OUT THE SUBMITTAL, ACCEPTANCE, PROCESSING, DENIAL, OR APPROVAL OF THIS APPLICATION AND OUT OF THE APPLICANT’S PEDICAB AND/OR NEV DRIVER OPERATIONS AND AGREES TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF ARLINGTON, ITS AGENTS, CONTRACTORS, EMPLOYEES, ASSIGNEES AND OFFICIALS THEREOF FROM ANY SUCH LIABILITY, CLAIM, SUIT, OR DEMAND OF ANY KIND, INCLUDING ATTORNEYS FEES.**

I (print name) _____, declare that I have examined this application and that all statements in the application are true and correct. And further, that any false statements or omissions may be cause for rejection of this application, or revocation of my driver permit. I further declare that I will comply with and abide by the requirements for the issuance and use of a driver permit, in accordance with the Transportation Chapter of the City of Arlington.

Applicant’s Signature: _____ Date: _____

Before me, the undersigned authority, on this day personally appeared _____ (Applicant) known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of this office on this _____ day of _____, 20____.

Notary Public in and for the State of Texas

SEAL:

DPS Computerized Criminal History (CCH) Verification (City of Arlington Copy)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the City of Arlington may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the City of Arlington, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the City of Arlington receives data from DPS, the information on my fingerprint criminal history record may be discussed with me.

Signature of Applicant

Date

City of Arlington Representative Name (Please Print)

Signature of City of Arlington Representative

Date

FOR OFFICE USE ONLY:		
Purpose of CCH: <u>Pedicab Operator and Driver Permitting</u>		
CCH Report Printed:		
Yes ___ NO___	_____	Initial
Date Printed _____	_____	Initial
Permitted___ Not Permitted___	_____	Initial
Destroy Date _____	_____	Initial

This copy must remain on file with the City of Arlington and be used for future DPS auditing purposes.