



# CORNWALL COMMUNITY POLICE SERVICE TAXI DISPATCHER LICENCE APPLICATION



DATE OF APPLICATION:	
NAME:	ADDRESS:
PHONE:	POSTAL CODE
BIRTHDATE:	
Give names and addresses of previous employers for the past two (2) years:	

- Applicants must be of the age of 18 years of over.
- Any false statement made by applicant for a licence shall be sufficient cause to revoke or deny said licence.

EMPLOYER	<input type="checkbox"/> TIP TOP/VETS	<input type="checkbox"/> CHOICE	<input type="checkbox"/> OTHER
DISPATCHER'S SIGNATURE			

<b>FOR OFFICE USE ONLY</b>
DATE APPROVED:
DISPATCHER LICENCE #: