

## **Department of Transportation and Public Works**

Passenger Transportation Regulatory Division 601 NW 1<sup>st</sup> Court, 18<sup>th</sup> Floor Miami, FL 33136 Tel (786) 469-2300 Fax (786) 469-2313

## TAXICAB ADVISORY GROUP APPLICATION

Name:		Title:	
Company Name:		For-Hire/Chauffeur License #: For-Hire/Chauffeur License #:	
Address:			
Telephone:	Fax:	Email:	
		tly is advertising to fill vacancies in the below listed participate in, please check the indicator box below:	
[ ] For-Hire Ta		on) Who Is <u>Not</u> an Owner-Driver (1 position) No Interest In a Medallion (3 positions)	
Conflict of Interes	st and Code of Ethics Ordi county). TAG members are	disclosure requirements contained in the County's nance (Chapter 2, Article I, Section 2-11.1(i) of the Code subject to mandatory sexual harassment training per	
		to which you have a financial interest in:	
or, check box be			
[ ] I do not ha	ve a financial interest or ve	esture in any for-hire transportation business.	
	Provide a detailed description of your for-hire background and qualifications. You may also attach your resume or a detailed biography.		
4. Explain your desi	explain your desire to serve on the Taxicab Advisory Group?		
	Regular scheduled Taxicab Advisory Group meetings are held quarterly. What, if any, could prevent you from attending quarterly meetings on a regular basis?		
	Do you or your business have any unpaid civil citations, unpaid administrative hearing costs, unpaid enforcement costs, or unpaid liens owed to Miami-Dade County?		
□ Yes	□ No (Please attach add	ditional pages as necessary)	
ure		Date:	