

# Driver/Operator Licence Application



**Transportation and Works Department**  
Enforcement Division, Mobile Licensing  
3235 Mavis Road, Ground Floor  
Mississauga ON L5C 1T7  
Telephone No. 905-615-4311  
Fax No. 905-615-4486  
Bus. Hours: 8:30 a.m. to 4:00 p.m. Monday to Friday  
[www.mississauga.ca/enforcement](http://www.mississauga.ca/enforcement)

Personal information on this form is collected under the authority of sections 11, 150, 151, and 156 of the Municipal Act 2001, and City of Mississauga By-Law #420-04, as amended. The information will be used to license, regulate and govern owners and drivers of Taxicabs and the business of Taxicab Brokers and for the administration of the Public Vehicle Licensing Program. Questions regarding the collection of this information should be directed to the Manager, Mobile Licensing Enforcement, 905-615-3200 ext. 5573.

Application Information			
Type of Driver Licence applied for			
Applicant's Name: Last		First	Middle Initial(s)
Address			Apt./Unit #
City	Province	Postal Code	Phone #
Cell #	Email Address		Date of Birth (YYYY/MM/DD)
Colour of Eyes	Colour of Hair	Height	Weight
Are you legally permitted to work in Canada?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Gender:                      Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ontario Driver's Licence Number			

General Information			
1.    Name of Company you will be operating from, if known:			
2.    Are you now or have you ever been licensed as a driver in Mississauga or any other Ontario Municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state municipality:			
3.    Has the applicant ever had a licence of any kind, excluding Ontario Driver's Licence, refused, suspended, revoked or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give full particulars:			
4.    Are there any unpaid judgments outstanding against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give full particulars:			
5.    Have you ever been convicted of any offence under:			
(a) Federal Law (eg. Criminal Code of Canada)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Provincial Law (eg. Highway Traffic Act)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Municipal By-law (eg. Public Vehicle Licensing, Parking, Zoning)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any law of any country?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full particulars:			
6.    Is your Ontario Licence current and valid? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Consent:**

I am the applicant herein and am aware that a search will be made to process my application for a licence and I consent to the City of Mississauga making inquiries to the Ministry of Transportation and Peel Regional Police regarding my driving record and any criminal offence for which a pardon has not been granted.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

The following section is to be completed in the presence of a Justice of the Peace, Commissioner of Oaths, Lawyer, etc.

**Declaration**

THE APPLICANT DECLARES THAT:

I, \_\_\_\_\_ of the city/town of \_\_\_\_\_

in the country/region of \_\_\_\_\_

- do solemnly declare:
- 1. I am the ☐ applicant, ☐ authorized agent, or: \_\_\_\_\_
  - 2. All the information and any statement contained in this application is true.
  - 3. I consent to the City of Mississauga to making inquiries to Peel Regional Police regarding any criminal record for which a pardon has not been granted.

\_\_\_\_\_  
Signature of Applicant/Corporate Officer                      Company Title/Position

SWORN BEFORE ME AT:    The City of Mississauga / \_\_\_\_\_

in the Region / \_\_\_\_\_ of    Peel / \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
A Commissioner, etc.