



CERTIFICATION OF DRIVING RECORD VIOLATIONS

CITY AND COUNTY OF DENVER

PEDAL CAB DRIVERS

Form Revised 11/21/19

SECTION I - APPLICANT INFORMATION

Legal Name of Applicant: _____

SECTION II - ELIGIBILITY QUESTIONS

I have a valid, current Colorado Driver's License

Yes No Driver's License Number: _____

I have had a driver's license (issued by any state) suspended:

Yes No Date of suspension: _____

I have had a driver's license (issued by any state) revoked:

Yes No Date of revocation: _____

I have received a citation(s) for Driving Under the Influence of Alcohol or Drugs:

Yes No Date of citation(s): _____

I have received a conviction(s) for Driving Under the Influence of Alcohol or Drugs:

Yes No Date of conviction(s): _____

I have received a citation(s) for Driving While Ability Impaired:

Yes No Date of citation(s): _____

I have received a conviction(s) for Driving While Ability Impaired:

Yes No Date of conviction(s): _____

I have previously held a driver's license other than a standard license:

Yes No Type of License held: _____

I have had a driver's license other than a standard license suspended or revoked:

Yes No Date of suspension/revocation: _____

I have had moving traffic violations within the last 18 months:

Yes No

Offense: _____ Date: _____

Offense: _____ Date: _____

Offense: _____ Date: _____

SECTION III - OATH OF APPLICATION - TO BE COMPLETED BY THE APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility to comply with the provisions of the Denver Revised Municipal Code, the Rules Governing Pedal Cab Drivers, and the Colorado Revised Statutes, and any other applicable law.

Signature: _____ Printed Name: _____ Date: _____