

NETWORK COMPANY

TRANSPORTATION NETWORK COMPANY (TNC) APPLICATION/RENEWAL

APPLICANT INFORMATION:

TNC Name:	
TNC Address:	
TNC Mailing Address (if different):	
TNC Phone Number:	Email:
TNC Contact Name and Phone Number:	

REQUIRED MATERIALS:

Certificate of Insurance – Commercial General Liability

Certificate of Insurance – Automobile Liability Coverage for Service Periods 1, 2, & 3

City of Pendleton Business License No.

Applicant certifies that it maintains accurate, current records for all drivers employed by, contracting with, or otherwise affiliated with the company, including all drivers accessing the company's digital network to operate in the City. The records shall include the driver's name, date of birth, address, social security number, criminal background check results, driver's license information, motor vehicle registration, and automobile insurance.

Applicant certifies that a criminal background check as described in section 4.C of the ordinance has been conducted for each driver and that each driver is found qualified.

I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of City of Pendleton Ordinance 3987 governing the license for which I am applying.

Authorized Signature:	Date:
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Authorized Printed Name:	Title:

OFFICE USE ONLY

License #	License Fee: \$	Receipt No
	Additional Fee: \$	Receipt Date:
		Initials: