



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
TAXICAB AUTHORITY
2090 E. Flamingo Road, Suite 200, Las Vegas, NV 89119
Telephone (702) 668-4000 Fax (702) 668-4001 www.taxi.nv.gov

TAXICAB COMPANY REFERRAL SLIP

Valid for 30 days from date of issue

Taxicab Company: _____ Date: _____

Driver Type: (Please circle only one) EMPLOYEE DRIVER LEASE DRIVER

Name of Taxicab Company Supervisor issuing referral: _____

Phone #: _____

(Circle below)

NEW APPLICANT EXPIRED RENEWAL ISSUE PERM

COMPANY CHANGE STATUS CHANGE (lease/employee with same company)

APPLICANT/DRIVER TA Permit # _____

Last Name: First Name: Middle Name:

Street Address: _____ Apt or Space#: _____

City: _____ State: _____ Zip Code: _____

New and Renewing Driver Safety NAC 706.537 Requirement:

Taxicab Company Representative Title: _____ Phone#: _____

Taxicab Company Manager Name: _____

(Please initial below)

_____ I certify this driver has successfully completed a **Defensive Driving and Safety Course** as required by NAC 706.537

_____ I certify this driver has completed his or her **Renewal Annual Driver Safety Course** as required by NAC 706.537.

(Signature Taxicab Company Manager)

(Date)