



CHAUFFEUR RECOMMENDATION

CERTIFICATE HOLDER/COMPANY

_____ Company Name

_____ Name of Person Being Recommended

_____ Chauffeur's Street Address

_____ City State Zip Telephone Number

Driver's License Information _____
Number Expiration

Vehicle to be Driven _____
Unit Number

HOLDER RECOMMENDATION

I _____, or my authorized agent, have interviewed and evaluated
(*print name*)
this person as to their qualifications to represent my organization. They have demonstrated a good knowledge of the geography of the City of Tulsa, the ability to speak and understand the English language, and the ability to make correct change to passengers.

I have reviewed the ordinance requirements with them. This person is aware that a background check is required. I have found them to be satisfactory and recommend them to make application for a City of Tulsa chauffeur's license.

This chauffeur is covered, and will continue to be covered as long as they are in service under this certificate, by the certificate holder's insurance policy.

- Fleet coverage Risk Retention Personal Insurance Policy

_____ Signature of Holder or Agent

_____ Date