



CITY OF NEW ORLEANS

Mitchell J. Landrieu, Mayor

MITCHELL J. LANDRIEU
MAYOR

JARED MUNSTER
DIRECTOR

Taxicab and For Hire Vehicle Bureau
Driver Change of Company Affiliation Form

PLEASE COMPLETELY FILL OUT THE FORM LEGIBLY AND SIGN WHERE APPLICABLE.
THIS FORM MUST BE ACCOMMODATED WITH A TERMINATION LETTER (FROM OLD COMPANY) AND A LINE LETTER (FROM NEW COMPANY)

DRIVER DATA

Permit # _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ St. _____ Zip _____

Phone# _____ Cell # _____

SSN _____

OLD COMPANY DATA (ATTACH TERMINATION LETTER)

Company Name _____

Authorized Company Representative Signature: _____

Date _____

NEW COMPANY DATA (ATTACH LINE LETTER)

Company Name _____

Authorized Company Representative Signature: _____

Date _____

Driver's Signature _____ Date _____

This section of the form must be completed by the Administrative Office.

Receipt # _____ Amt Paid _____ MO# _____

D/L Verified _____ New Permit Issued _____

TFHB Employee Signature _____ Date: _____