

07-1540

Fee: \$20.00

Receipt No.

293513

Account No. 101.000.6400

**Application - Public Passenger Vehicle Driver's License - City of Racine**

**License Expires on December 31, 2008**

New  Renewal License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Name Maurice Colbert D.O.B. 3-6-70

Address 1819 W 6th Racine 53404  
City Zip Code

Wisconsin Driver's License Number C4165527008602

Commercial Driver's License Number (if applicable) \_\_\_\_\_

Date Granted \_\_\_\_\_

<b>Applicant has:</b>	<b>Temporary permit:</b>
<input type="checkbox"/> No record	<input type="checkbox"/> Issue
<input type="checkbox"/> Record (see attached sheet)	<input type="checkbox"/> Do not issue
Signature _____ Date _____	

Date sent to Police Department \_\_\_\_\_

Date returned from Police Department \_\_\_\_\_

Pursuant to Secs. 22-1066 through 22-1074 of the Municipal Code of the City of Racine, I hereby apply for a Public Passenger Vehicle license in conjunction with the following type of service:

Answer the following fully and completely:

Name of Applicant Maurice Collier Phone No. 262 989-2675  
 Address of Applicant 1819 W 6 St City Racine Zip Code 53404  
 Date of Birth March 6, 1970  
 Wisconsin Driver's License Number C4165527008602  
 Education (number of years completed) H.S.E.D  
 Past Experience in Transportation of Passengers (if any) School bus driver, city bus  
 Name of Business Applicant Will Work for B/P

Past Employment (starting with most recent):

<u>CPL</u>	<u>5011 W. Roosevelt Rd</u>	<u>2-07</u>
<u>Bodysate</u>	<u>7316 Durand Ave</u>	<u>1-06 - 2-07</u>
<u>Besdway</u>	<u>9100 Nicholson Rd</u>	<u>4-04 - 12-0-5</u>

Name, address, and phone number of four (4) references with whom you have been associated for a minimum of three (3) years who will attest to your sobriety, honesty, and general good character:

<u>Emma Williams</u>	<u>1100 Oakes Rd</u>	<u>989-4417</u>
<u>Patrick Williams</u>	<u>5122 Lula Lane</u>	<u>634-5169</u>
<u>Kathy Williams</u>	<u>5527 Byrd Ave</u>	<u>412-2684</u>
<u>Raymond Reed</u>	<u>4024 Olive</u>	<u>412-1220</u>

State of Wisconsin )  
 County of Racine )

\_\_\_\_\_ being first duly sworn, on oath, says that (s)he is the person who made and signed the foregoing application for a Public Passenger Vehicle License and that all the statements made by the applicant are true.

Maurice Collier  
 Signature of Applicant

Subscribed and sworn to before me this  
18th day of December 2007  
[Signature]  
 Notary Public, Racine County, WI  
 My Commission Expires \_\_\_\_\_

**Physician's Validation**

I, Maurice Colbert, MD, certify that Maurice Colbert

does not have any disease, infirmity, or condition which would be reasonably likely to create an unsafe condition if the applicant were to engage in the transportation of passengers.

David S. Peters MD  
Signature of Physician

DAVID S. PETERS, M.D.  
Center Medical Director  
Concentra Medical Centers  
1147 Warwick Way  
Racine, WI 53406  
T. 262-886-3997  
City 262-886-1273 Zip Code

Address

Date of Certification 12/10/07