



NORMAN Y. MINETA  
**SAN JOSE**  
INTERNATIONAL  
AIRPORT

## TAXI DRIVER INFORMATION FORM

**Date**

**Please update my new information:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Contact Information**

**Email:**

**Cell Phone:**

**Fax #:**

**Taxi Company Affiliated with-**

**Company:**

**Airport Taxi Permit #:**

**I verify the above information is correct and current.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Please click [here](#) to print out the completed form and fax the form to SJC Ground Transportation at **(408) 392-1144**