TAXI/LIMO DRIVER APPLICATION CHECKLIST

_____ Application Signed by Owner of Company

_____ Applicant Signature Notarized

_____ Police Form

_____ DMV Abstract (within 30 days of application)

_____ Drug Test Receipt (within 30 days of application)

_____ Drug Test Results (within 30 days of application)

_____ Copy of Driver's License

_____ Fingerprint Receipt

_____ 2 passport sized photos

_____ $100 Paid to Town of Dover

_____ $40 – Lost/Revised (Only Application Required)

LISTA DE VERIFICACIÓN DE LA SOLICITUD DE CONDUCTOR DE TAXI/LIMUSINA

_____ Solicitud firmada por el propietario de la empresa

_____ Firma del solicitante notariada

_____ Formulario de Policía

____ Resumen del DMV (dentro de los 30 días posteriores a la solicitud)

_____ Recibo de la prueba de drogas (dentro de los 30 días posteriores a la solicitud)

_____ Resultados de la prueba de drogas (dentro de los 30 días posteriores a la solicitud)

_____ Copia de la Licencia de Conducir

_____ Recibo de huellas dactilares

_____ 2 fotos tamaño 2x2

_____ $100 pagados a la ciudad de Dover

_____ $40 – Perdido/Revisado (solo se requiere solicitud)

OFFICE OF THE MUNICIPAL CLERK
APPLICATION FOR TAXICAB DRIVER'S LICENSE

NEW **RENEWAL** **REPLACE/REVISED**

All Taxicab Driver's Licenses shall begin on the first day of June each year and terminate on the thirty-first day of the May next succeeding.

All questions on this application must be fully and truthfully answered; otherwise applicant will receive NO consideration.

NEW LICENSE FEE	**$100.00**
RENEWAL OF LICENSE FEE	**$100.00**
REPLACEMENT FOR LOST LICENSE FEE	**$40.00**
FINGERPRINTING PERFORMED BY MORPHOTRAK	

DATE_____

I, the undersigned, hereby apply to the Municipal Clerk for a license to drive a taxicab in the Town of Dover, and for that purpose, file the description of myself, and give the following answers to the questions contained in this application:

1. What is your full name?_____
2. Address_____
3. Phone Number_____
4. Where have you lived for the past five years? (Give addresses and dates)

_____

_____

_____

_____

5. What is your age?_____ 6. Are you married or single? o Married o Single
7. Are you addicted to the use of intoxicating liquor or any drug? o Yes o No
8. Has any license issued to you by the Town of Dover ever been suspended or revoked? o Yes o No
9. What is your State Driver's License Number? _____
10. Have you ever been arrested or summoned to court on any charge? (Give particulars and disposition of every such case.) The question means NOT ONLY traffic arrests but arrests and summons of EVERY violation which applicant has committed against the law.

_____

_____

_____

_____

_____

_____

_____

11. Give the name and address of your employers and your occupation for the past five (5) years:

Dates	Employer	Address	Occupation

12. Do you have child support obligations? o Yes o No If no, proceed to Number 14.

13. Are child support obligations current pursuant to N.J.S.A. 2A:17-56.41? o Yes o No

14. By whom will you be employed? _____

Signature of Company Owner _____

15. Personal Description:

(a) Race _____ (d) Weight _____ (g) Date of Birth _____ (j) Birth Place_____

(b) Sex _____ (e) Eye Color _____ (h) Soc. Sec. No. _____ (k) Other_____

(c) Height _____ (f) Hair Color _____ (i) Scars, Marks, etc _____

16. Name and address of Nearest Relative _____

_____

State of New Jersey)
Town of Dover) SS.
County of Morris)

_____, being duly sworn, deposes and says that he is the individual making the foregoing application for a Taxicab Driver's license; that the answers to foregoing questions and other statements contained therein are true of his own knowledge and belief and that he will report in writing to the Municipal Clerk any change in address that may occur while this license remains in force:

_____
(Applicant's Signature)

Sworn to me this _____ Day of

_____, 20____.

_____
(Notary)

POLICE DEPARTMENT - TOWN OF DOVER

Date_____

This is to certify, that the Police Department has investigated the qualifications of the within applicant

(_____) for a taxicab Driver's License, has examined his State Driver's License and hereby recommends that such license be issued.

License Number Issued_____

_____ _____
(Dover Police Department) (Municipal Clerk)

TOWN OF DOVER
POLICE DEPARTMENT

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-0302 Fax: (973) 366-1813

TAXI DRIVER APPLICANT INFORMATION:	**INCIDENT NUMBER:**	**MASTER NAME #** 1409-

SECTION 1: PERSONAL

1. YOUR FULL NAME
   LAST FIRST MIDDLE.
2. OTHER NAMES, INCLUDING NICKNAMES, YOU MAY HAVE USED OR BEEN KNOWN BY:
3. ADDRESS WHERE YOU RESIDE
   NUMBER/STREET APT/UNIT
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX):
5. CONTACT NUMBERS
   HOME WORK CELLULAR
6. EMAIL ADDRESS
   HOME WORK
7. CITIZENSHIP
   Are you a U.S. citizen?.....□.Yes □ No
   If, no are you a resident alien who is eligible and has applied for U.S. citizenship?.....□.Yes □ No
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)
9. BIRTHDATE
10. SOCIAL SECURITY NUMBER
11. DRIVERS LICENSE
    NO. STATE EXP.
12. PHYSICAL DESCRIPTION
    HEIGHT WEIGHT HAIR COLOR EYE COLOR
13. EMPLOYER (TAXI COMPANY)
14. BUSINESS PHONE
15. EMPLOYER ADDRESS
16. COMMENTS:
17. An applicant who has made a false statement, omission, misrepresentation or concealment of a material fact, or who practices or attempts to practice any deception or fraud in securing eligibility for appointment or applicants who provide answers contrary to official records may be rejected or disqualified from eligibility. Discovery of the aforementioned at any time after appointment to the position may result in revocation of licensing.
18. **"By my signature affixed below I attest that I have read and understand the above instructions and warnings."**

    Signature of Applicant: _____ Date: _____