

**TRAFFIC SAFETY
DIVISION**

Memo:

TO: ALL TAXI COMPANIES

FROM: SGT. FRANK WORK, TRAFFIC/SAFETY SUPERVISOR
TRAFFIC/SAFETY 

CC: PTL. DAVID SILBERSTEIN, TRAFFIC/SAFETY OFFICER
MARY ANN DEL MASTRO, TOWNSHIP CLERK

DATE: 03/01/11

RE: TAXI CAB APPLICANTS

Effective March 1, 2011 the Traffic/Safety Office hours for taxi applicants are as follows:

Tuesdays and Thursdays between 9:00 A.M. and 3:00 P.M. only.

Ptl. David Silberstein will issue the temporary letters pending the background checks. Please inform your applicants of these times and do not send any drivers to the Traffic/Safety Office at any other time.

Thank you.

STEPS TO APPLY FOR A TAXI DRIVER'S LICENSE

1. Pick up application for a new driver or renewal form from Clerk's Office.
2. For your fingerprinting application you have to go see the Watch Commander and he will direct you to the Records Department in the Police Department. Along with two passport photos.
3. Fill out Forms.
4. After you complete your form, next you will go downstairs and see the Watch Commander. He will direct you to Traffic and Safety who will do the background-check on the completed forms, which is across the hall from Records Dept. The Compliance Officer will give you a 30 day letter which will enable you to drive until your background investigation comes back.
5. At the end of 30 days, YOU MUST GO BACK TO Traffic and Safety and pick up the paperwork. Then go to the Clerk's Office on Second Floor, Room 8. At this time you will pay \$50.00 and have 2 passport photos and you will be issued a new taxi license.
6. Also required at this time is an updated driver's license.
7. The Taxi Driver's License is Renewed every September (no exceptions).

LICENSE
NUMBER

DOCUMENT
NUMBER

LICENSE DEPARTMENT

LAKEWOOD TOWNSHIP

TAXI or BUS DRIVER'S APPLICATION

DATE ISSUED

IMPORTANT NOTICE

False replies to any of the questions herein under the law constitutes perjury; detection of such falsity will result in refusal of license, or if granted in revocation of same.

The following application must be properly filled out and all questions therein answered; all vouchers must be residents of Lakewood Township and business men of good repute and acceptable to the Township Committee or their duly appointed representative, and have at least one year's acquaintance with the applicant. Vouchers who have signed the applicants of two other applicants will not be accepted.

DATE FORWARDED

APPROVED—DISAPPROVED

FULL NAME (Printed)

ADDRESS

AGE	DATE OF BIRTH	WEIGHT
	MALE	MARRIED
	FEMALE	SINGLE
HEIGHT		
COLOR	COLOR OF EYES	COLOR OF HAIR
CHAUFFEUR'S LICENSE NO.	DATE APPLICATION FILED	DATE OF PHOTOGRAPH

PHOTO

I, the undersigned, hereby apply to the BUREAU FOR LICENSING PUBLIC BUSES, TAXIS, SIGHT-SEEING CARS AND THE DRIVERS THEREOF for a license to drive a Bus, Taxi or Sight-Seeing Car in the Township of Lakewood, and for that purpose file the above photograph and description of myself, and give the following answers to the questions contained in this application.

- Where were you born?
- How long have you been a resident of this Township?
- Are you a naturalized citizen of the United States, or have you declared your intention to become one?
(State which, giving date of naturalization and the courts in which papers were filed)
- Have you ever served in the army, navy or militia, of this or any other country? Give particulars
- Do you use intoxicating liquors as a beverage or any narcotic drugs?
- Are you now the holder of, or member of a partnership or corporation holding any license issued by the Township of Lakewood?
If so, give particulars
- Have you ever before filed an application as Owner or Driver of a Public Vehicle? If so, state when and where
- Has any license heretofore issued to you by the Township of Lakewood ever been suspended or revoked?
If so, give particulars
- Have you any physical or mental defects or infirmity, of which you are aware, that would in any way interfere with the proper operation and control by you of a motor vehicle?

Section 9B.

- Have you been convicted of a violation of any of the provisions of the Motor Vehicle Statutes of the State of New Jersey in the last five (5) years.
If answer is in the affirmative give particulars.

10. Where have you lived for the past five years?

YEAR	ADDRESS	CITY OR BOROUGH	RESIDED WITH

11. Give the names and addresses of your employers, and your occupation, for the past five years:

YEAR	EMPLOYER	ADDRESS	OCCUPATION

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind or nature may be made by the Township of Lakewood, or any Department thereof, upon the person to whom the license is issued by leaving a copy of any such paper, notice, letter, summons, complaint or legal process with any member of his family or other person with whom he may reside at the address given above.

It is further agreed by the applicant that he will conform to all the rules and regulations of the Bureau for Licensing Public Buses, Taxis, Sight-Seeing Cars, and the Drivers thereof.

STATE OF NEW JERSEY, }
COUNTY OF OCEAN, } ss.:

..... being duly sworn, deposes and says that he is the individual making the foregoing application for a Motor Vehicle Driver's License; that the answers to the foregoing questions and other statements contained therein are true of own knowledge.

Sworn to before me this

day of

CERTIFICATE OF LAST EMPLOYER

1. How long was the applicant herein mentioned in your employ?
2. What was the date of the termination of such employment?
3. What was the reason for his leaving your employ?
4. Would you recommend the applicant as a fit person to be licensed to drive a public bus or taxi?

Date

Signature

Address

VOUCHER NO. 1

1. Is the applicant related to you? Give particulars
2. How many drivers have you previously vouched for?
3. Has the applicant ever been in your employ?
4. Would you employ him now, if opportunity offered?
5. Is the applicant, to your knowledge, addicted to the use of intoxicating liquors?

STATE OF NEW JERSEY, }
COUNTY OF OCEAN, } ss.:

being duly sworn, deposes and says that he has known the applicant herein mentioned for a period of , that he has observed his conduct during the period so stated and found him to be honest, sober and of good character, civil in manner and behavior; that he knows nothing to his prejudice and recommends him to the License Department as a fit person to be licensed as a driver of a Public Motor Vehicle.

Sworn to before me this

day of

Signature

Residence

Business

Bus. Address

VOUCHER NO. 2

1. Is the applicant related to you? Give particulars
2. How many drivers have you previously vouched for?
3. Has the applicant ever been in your employ?
4. Would you employ him now, if opportunity offered?
5. Is the applicant, to your knowledge, addicted to the use of intoxicating liquors?

STATE OF NEW JERSEY, }
COUNTY OF OCEAN, } ss.:

being duly sworn, deposes and says that he has known the applicant herein mentioned for a period of , that he has observed his conduct during the period so stated and found him to be honest, sober and of good character, civil in manner and behavior; that he knows nothing to his prejudice and recommends him to the License Department as a fit person to be licensed as a driver of a Public Motor Vehicle.

Sworn to before me this

day of

Signature

Residence

Business

Bus. Address

POLICE DEPARTMENT INVESTIGATOR'S REPORT

Date

I have investigated statements in this application and find all statements true, except:

RANK

SIGNATURE

CHIEF OF POLICE'S REPORT

Date

I have examined applicant, record and investigator's report. Recommend Disapproval Approval

CHIEF'S SIGNATURE

MEDICAL EXAMINATION OF APPLICANT PUBLIC MOTOR VEHICLE DRIVER'S LICENSE

Has the applicant any evidence of disease of the heart or blood vessels?		Habits, use of stimulants, tobacco and narcotic drugs?	
Has the applicant any indications of disease of the organs of respiration or their appendages?		Is the sight good?	
Are the functions of the brain and nervous system in healthy state?		Is the hearing good?	
		Has the brain or spinal cord ever been diseased?	

If the applicant has had any serious illness or injury, state expressly what effect, if any, is perceptible in the heart, lungs, kidneys, or other abdominal organs, or the skin, eyes, ears, limbs, etc.

PHYSICIAN'S VOUCHER

This is to certify that I have examined the applicant named in the within application, and certify that he is mentally and physically fit to safely operate and drive a Public Motor Vehicle.

(If the physician is unable to certify as above, state below what physical defects the applicant possesses that unfit him to qualify as a public driver.)

Signature of Surgeon

TO BE FILLED OUT AT LICENSE BUREAU

RECEIVED AND APPROVED DISAPPROVED		RECEIVED AT SURGEON'S OFFICE		RECEIVED FROM SURGEON'S OFFICE APPROVED DISAPPROVED		LICENSE No. ISSUED		DOC. No. ISSUED		IDENTIFICATION CARD ISSUED		RECEIPT BOOK No. ISSUED		FILED APPROVED DISAPPROVED		REHEARING APPROVED DISAPPROVED	
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