

APPLICATION FOR TAXICAB DRIVER'S LICENSE

Regular License _____ Full Name _____ Telephone _____

Part-time _____ Address _____

Temporary _____ Length of time at present address _____ years and _____ months

Name of Taxi Cab _____ Telephone _____

If not at present address for at least 5 years, list all addresses for 5 years previous to date of this application:

Date of birth _____ Place of Birth _____ Height _____ Weight _____

Color of Eyes _____ Color of Hair _____ Citizenship _____, if not USA, need proof of legal residence

Have you ever been convicted of a misdemeanor or felony? _____, (if so, state the nature of the offense, date of conviction, court, etc.)

ATTACH RECENT
PHOTO 2" x 3"

Have you previously held a Taxicab Driver's License in Ilion? _____

(within past 60-days)

Has your operator's or chauffeur's license ever been suspended or revoked? _____

(If so, state when and why) _____

Do you now hold a valid NYS chauffeur's license? _____ Number _____ (Provide a copy of said license)

NEW- Applicant must furnish either:

1. A current valid Medical Examiner's Certificate issued pursuant to 49 C.F.R. 391.43 as amended, and provide the license number of the medical examiner, the state that issued the medical license of the examiner, and the expiration date of the Medical Examiner's Certificate or
2. A certificate of a duly licensed physician of the State of New York stating that the applicant does not have any physical impairment which might render him or her unfit for the safe operation of a public vehicle. *For First Time Applicants* only, the certificate shall state further that a physical examination of such First Time Applicant as performed by the physician on a date not more than sixty (60) days prior to the date of application. *For Renewing applicants* only, the certificate shall further state that a physical examination was performed by the physician on a date not more than one hundred and eighty (180) days prior to the date of application.

(Provide a copy of the medical certificate issued by the physician.)

The Village reserves the right to request additional information from the Applicant which the Village deems necessary.

NO LICENSE WILL BE GRANTED TO FIRST TIME APPLICANTS UNTIL YOU HAVE BEEN FINGERPRINTED AND A BACKGROUND INVESTIGATION COMPLETED. ALL RENEWAL APPLICANTS WILL HAVE A BACKGROUND CHECK COMPLETED. YOUR SIGNATURE BELOW CERTIFIES THAT INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AS STATED. FURTHER, SAID SIGNATURE INDICATES YOUR UNDERSTANDING AND AUTHORIZATION OF THE POLICE DEPARTMENT TO CONDUCT A BACKGROUND INVESTIGATION REQUIRED UNDER THE APPLICATION.

Applicant's Signature

Subscribed and sworn to me on this _____

Day of _____, _____

Disposition and Fine

Court and Location

Approved or Disapproved _____ Police Chief

1. Right Thumb	2. Right Index Finger	3 Right Middle Finger	4. Right Ring Finger	5. Right Little Finger
6. Left Thumb	7. Left index Finger	8. Left Middle Finger	9. Left Ring Finger	10. Left Little Finger

Prints taken by _____ Department _____ Date _____

Subject's Signature _____

Name of Applicant: _____

This is a new application _____

This is a renewal application _____