

BOROUGH OF SOMERVILLE TAXI DRIVER APPLICATION

- \$ 5 0 . 0 0 L I C E N S E F E E (COLLECTED HERE)
- 2 - 2 " X 2 " P A S S P O R T P H O T O S
- M U S T G O T O P O L I C E H E A D Q U A R T E R S
(after returning application and paying fee)
SOMERVILLE POLICE DEPARTMENT
2 4 S O U T H B R I D G E S T R E E T

F O R F I N G E R P R I N T I N G I N F O R M A T I O N :
(this a separate fee)

SGT. ED PURCELL
(908) 725-0331 x 7319
epurcell@somervillepd.org

THANK YOU

MARILYN MARTZ, Clerk's Office
9 0 8 / 7 2 5 / 2 3 0 0 EXT. 1 9 5 9
mmartz@somervillenj.org

**BOROUGH OF SOMERVILLE
APPLICATION FOR TAXI DRIVER LICENSE**

DATE FILED _____

FEE PAID _____

NAME: _____ ADDRESS: _____

NJ DRIVER LIC# _____ EXPIRATION DATE: _____

TELEPHONE # () _____ HEIGHT _____ WEIGHT _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

HAIR COLOR _____ EYE COLOR _____ SOCIAL SECURITY # _____

US CITIZEN YES () NO () CAN APPLICANT SPEAK AND UNDERSTAND THE ENGLISH LANGUAGE? YES () NO ()

RESIDENCES FOR THE PAST TEN YEARS:

PROVIDE TWO (2) PHOTOGRAPHS

NUMBER OF YEARS OF DRIVING EXPERIENCE _____

ANY CONVICTIONS FOR TRAFFIC VIOLATIONS IN THE PAST THREE (3) YEARS? YES () NO () IF YES,
PROVIDE DATES AND NATURE OF OFFENSES _____

ANY CRIMINAL CONVICTIONS? YES () NO () IF YES, PROVIDE DATES AND NATURE OF
OFFENSES _____

HAVE YOU EVER BEEN A LICENSED DRIVER OR LICENSED TAXI DRIVER IN ANY OTHER STATE? YES () NO (),
IF SO WHERE _____ WHEN _____

HAVE YOU EVER HAD YOUR DRIVER LICENSE REVOKED? YES () NO (), IF SO WHERE
_____ WHEN _____

HAVE YOU EVER HAD YOUR DRIVER LICENSE SUSPENDED? YES () NO (), IF SO WHERE
_____ WHEN _____

PROVIDE FULL DETAILS ON ALL REVOCATIONS AND/OR SUSPENSIONS:

ANY PENDING CRIMINAL OR MOTOR VEHICLE ACTIONS IN ANY STATE? YES () NO () WHERE?
_____ PROVIDE DETAILS: _____

ANY KNOWN PHYSICAL OR MEDICAL HANDICAPS THAT WOULD PREVENT APPLICANT FROM OPERATING
A MOTOR VEHICLE SAFELY? YES () NO () IF YES, EXPLAIN

LIST NAMES AND ADDRESSES OF THREE (3) REFERENCES WITH PHONE NUMBER:

NAME AND ADDRESS OF TAXICAB COMPANY FOR WHICH YOU PLAN TO WORK:

By signing below, the applicant certifies that he/she has truthfully and completely furnished all required information. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as provided by law and have this application denied:

SIGNATURE

DATE