

APPLICATION FOR TAXICAB DRIVER'S LICENSE – CHECKLIST

_____ APPLICATION

- Requires to be signed by the owner of the company whom you will be employed
- Signed by applicant and notarized

_____ Town of Dover Police Department Form

_____ MOTOR VEHICLE ABSTRACT

- Abstract must be within **30 days** of the filling of application

_____ DRUG TEST RECEIPT

- Receipt/results must be within **30 days** of application

_____ FINGERPRINT RECEIPT

_____ COPY OF DRIVERS LICENSE

_____ Two **(2)** passport size photos

_____ Payment:

- \$100.00 NEW or RENEWAL License fee
- \$40.00 LOST/REVISED (Application only required)



**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? Married Single
7. Are you addicted to the use of intoxicating liquor or any drug? Yes No
8. Has any license issued to you by the Town of Dover ever been suspended or revoked? Yes 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.



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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If, no are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
11. DRIVERS LICENSE	12. PHYSICAL DESCRIPTION	
NO. STATE EXP.	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: _____		

TOWN OF DOVER

Office of the Municipal Clerk
37 N SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 x1113 Fax: (973) 328-6524



Date:

Urgent Care Medical Associates
600 Mt. Pleasant Ave
Dover, NJ 07801

To Whom It May Concern:

Please be advised the following person _____ is getting this Federal Reg. Drug Test as part of a requirement to become a Town of Dover Taxi Driver as per Ord. No. 3-2006. Please **collect the fee at time of service**, the Town of Dover **will not** be responsible for this charge.

Feel free to call with any questions you may have.

Very truly yours,

Municipal Clerk

Enclosures: