

## **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.

<b>NEW LICENSE FEE</b>	<b>\$100.00</b>
<b>RENEWAL OF LICENSE FEE</b>	<b>\$100.00</b>
<b>REPLACEMENT FOR LOST LICENSE FEE</b>	<b>\$40.00</b>
<b>FINGERPRINTING PERFORMED BY MORPHOTRAK</b>	

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)

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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.

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

Dates	Employer	Address	Occupation
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12. Do you have child support obligations?    ☐ Yes    ☐ No    If no, proceed to Number 14.

13. Are child support obligations current pursuant to N.J.S.A. 2A:17-56.41?    ☐ Yes    ☐ 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

<b>TAXI DRIVER APPLICANT INFORMATION:</b>		<b>INCIDENT NUMBER:</b>	<b>MASTER NAME #</b> 1409-
<b>SECTION 1: PERSONAL</b>			
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 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. <b>"By my signature affixed below I attest that I have read and understand the above instructions and warnings."</b>  Signature of Applicant: _____ Date: _____			