



**CITY OF BAYONNE  
POLICE DEPARTMENT**

**Robert Kubert  
Public Safety Director**

**Robert Geisler  
Chief of Police**

**APPLICATION FOR TAXICAB DRIVER'S LICENSE**

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED COMPLETELY, CLEARLY AND LEGIBLY. PLEASE PRINT OR TYPE.

Permit number \_\_\_\_\_  
(Official Use Only)

DATE OF APPLICATION: \_\_\_\_\_ TAXICAB COMPANY: \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_

CITY, STATE \_\_\_\_\_ PHONE # \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ U.S. CITIZEN

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SEX MALE FEMALE RACE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NEW JERSEY DRIVER'S LICENSE NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CAN YOU SPEAK, READ AND WRITE THE ENGLISH LANGUAGE? YES NO

PLACE (S) OF RESIDENCE FOR THE PAST FIVE YEARS \_\_\_\_\_

EMPLOYMENT HISTORY (PREVIOUS THREE YEARS): \_\_\_\_\_

LENGTH OF TIME RESIDING IN BAYONNE: \_\_\_\_\_ YEARS

HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, LIST THE DATE(S), ALL OF THE CHARGES(S)

HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE OR A PETTY DISORDLY PERSONS OFFENSE? YES NO IF YES, DETAIL THE DISPOSITION AND DATE OF THE CONVICTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN PREVIOUSLY LICENSED AS A TAXICAB DRIVER IN THE CITY OF BAYONNE? YES NO IF YES, WAS YOUR TAXICAB DRIVER'S LICENSE EVER REVOKED? IF YES, WHY?

\_\_\_\_\_

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED IN THIS OR ANY OTHER STATE? YES NO IF YES, IN WHAT STATE AND FOR WHAT REASON?

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR DRIVING UNDER THE INFLUENCE OF INTOXICATING LIQUORS, DRUGS OR CHEMICAL SUBSTANCE OR REFUSING TO SUBMIT TO BREATH SAMPLES OR BLOOD TESTS OF THE SAME IN THIS STATE OR ANY OTHER STATE? YES NO IF YES, LIST THE STATE, DATE, AND DISPOSITION OF EACH INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: UNSWORN FALSIFICATION TO AUTHORITIES 2C:28-3.a**

A PERSON COMMITS A CRIME OF THE FOURTH DEGREE IF HE MAKES A WRITTEN FALSE STATEMENT WHICH HE DOES NOT BELIEVE TO BE TRUE, ON OR PURSUANT TO A FORM BEARING NOTICE, AUTHORIZED BY LAW, TO THE EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE.

IF THIS PERMIT IS GRANTED, I HEREBY AGREE TO CONFORM TO THE LAWS GOVERNING MOTOR VEHICLES IN THE STATE OF NEW JERSEY AND THE MUNICIPAL ORDINANCES GOVERNING TAXICABS IN THE CITY OF BAYONNE.

I, \_\_\_\_\_ CERTIFY THAT I AM THE INDIVIDUAL MAKING THE APPLICATION FOR THE TAXICAB LICENSE AND THE ANSWERS TO THE QUESTIONS AND THE STATEMENTS CONTAINED HEREIN ARE FACTUAL, COMPLETE AND TRUE.

\_\_\_\_\_  
DAY OF \_\_\_\_\_, 20\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**CERTIFICATION BY PHYSICIAN**

THIS IS TO CERTIFY THAT I HAVE EXAMINED \_\_\_\_\_, THE APPLICANT NAMED WITHIN THIS APPLICATION AND FOUND HIM/HER TO BE OF SOUND PHYSIQUE, WITH GOOD EYESIGHT, NOT SUBJECT TO EPILEPSY, VERTIGO, HEART TROUBLE OR ANY OTHER INFIRMITY OF BODY OR MIND THAT MAY RENDER HIM/HER UNFIT TO SAFELY OPERATE A PUBLIC TAXICAB.

**\*\*EXAMINATION MUST BE WITHIN THIRTY (30) DAYS BEFORE FILING OF THE APPLICATION.**

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS, CITY, STATE \_\_\_\_\_

PHONE# \_\_\_\_\_

DATE OF EXAMINATION \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_

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**TAXICAB COMPANY EMPLOYMENT AUTHORIZATION**

I, \_\_\_\_\_, OWNER/MANAGER OF

\_\_\_\_\_ TAXICAB COMPANY VERIFY THAT

\_\_\_\_\_ THE APPLICANT IS OR WILL BE

EMPLOYED BY THIS TAXICAB COMPANY.

\_\_\_\_\_  
(SIGNATURE OF OWNER/MANAGER)

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**OFFICIAL USE ONLY**

FINGERPRINTS RECEIVED ON: \_\_\_\_\_ BY: \_\_\_\_\_

212A ACCEPTED ON: \_\_\_\_\_ BY: \_\_\_\_\_ RETURNED ON: \_\_\_\_\_ BY: \_\_\_\_\_

D/L, ACS, ATS ON: \_\_\_\_\_ BY: \_\_\_\_\_

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APPLICATION IS: APPROVED OR DISAPPROVED DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_