



**BOROUGH OF SEA GIRT**  
**TAXI/AUTOCAB LICENSE APPLICATION**  
**DRIVER**

**Purpose:**

This application is to be used to apply for the right to operate within this Borough any taxi/autocab duly licensed hereunder. Such license may only be issued in the name of an individual and not in the name of a business entity.

The granting of a Taxi/Autocab Driver's License does not authorize the applicant to drive/operate any Taxi/Autocab in the Borough unless the vehicle operated is validly licensed through an application for a Taxi/Autocab Owner's License issued by the Borough.

**Instructions:**

This application must be completely filled out or it may be rejected. If any line or section does not apply, mark each such space with "N/A" for "not applicable". If more space for a response or explanation is needed, attach additional sheets identifying which question you are responding to. Failure to answer any question completely, accurately and truthfully may result in rejection or delay in processing the application. In the event of a falsification or misrepresentation of information, the person signing this application may be subject to criminal charges.

**Photos:** The applicant must submit with this application four (4) copies of color photographs size 2" x 2"), front view, taken within thirty (30) days preceding the filing of the application.

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**SECTION 1: IDENTIFYING INFORMATION**

**NAME OF APPLICANT**

Date of Application:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

List any previous names used or known by (i.e. maiden name, name change etc.) or state "None":

\_\_\_\_\_

Business Address of Affiliated taxi/autocab company (a full physical address including building/house number, street name, city, state and zip code. Post Office Boxes shall not be sufficient):

\_\_\_\_\_

Number and Street

\_\_\_\_\_

Unit or Suite

\_\_\_\_\_

Post Office Box (if any)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Dates: From \_\_\_\_\_ to present.

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**BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER**

Applicant Name: \_\_\_\_\_

**PERSONAL INFORMATION:**

Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Place of Birth \_\_\_\_\_

Length of time the applicant has resided in the United States \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

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Military service information:

Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

Were you Honorably Discharged? \_\_\_\_\_ If not, explain why:

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Employment History:

List All Current Employers:

Name:

Address:

Position Held:

Dates of Employment:

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Places of previous employment over the last five (5) years:

Name:

Address:

Position Held:

Dates of Employment:

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Name:

Address:

Position Held:

Dates of Employment:

**BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER**

Applicant Name: \_\_\_\_\_

**SECTION 2. COURT PROCEEDINGS**

Have you ever been charged with, arrested or convicted of a crime or other violation of law including municipal ordinances other than for parking? \_\_\_\_\_

If so, for each crime or offense set forth;

Charges: \_\_\_\_\_

Date \_\_\_\_\_ Law Enforcement/Other Agency \_\_\_\_\_

Court: \_\_\_\_\_ Location \_\_\_\_\_

Disposition of each charge: \_\_\_\_\_

Date of Disposition \_\_\_\_\_

Charges: \_\_\_\_\_

Date \_\_\_\_\_ Law Enforcement/Other Agency \_\_\_\_\_

Court: \_\_\_\_\_ Location \_\_\_\_\_

Disposition of each charge: \_\_\_\_\_

Date of Disposition \_\_\_\_\_

(Add additional pages if necessary)

Are you currently on probation or parole? \_\_\_\_\_

If yes, provide details of charges, disposition and any conditions of probation or parole.

Name of Agency supervising applicant: \_\_\_\_\_

**BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER**

Applicant Name: \_\_\_\_\_

**SECTION 3. DRIVER'S LICENSE INFORMATION**

Driver's License Number \_\_\_\_\_  
State of Issue \_\_\_\_\_

Number of Years Driving \_\_\_\_\_

List all moving violations in the past ten (10) years:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Police/Other Agency: \_\_\_\_\_

Violation Charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

Fine: \_\_\_\_\_

Suspension: \_\_\_\_\_ Length: \_\_\_\_\_

Have you at any time ever been convicted of driving under the influence? \_\_\_\_\_

If yes, provide:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Police/Other Agency: \_\_\_\_\_

Violation Charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

Fine: \_\_\_\_\_

Suspension: \_\_\_\_\_ Length: \_\_\_\_\_

Has your license to operate a vehicle in any state ever been suspended or revoked? \_\_\_\_\_

If yes, provide:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Police/Other Agency: \_\_\_\_\_

Violation Charged: \_\_\_\_\_

**BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER**

Applicant Name: \_\_\_\_\_

Disposition: \_\_\_\_\_

Fine: \_\_\_\_\_

Suspension: \_\_\_\_\_ Length: \_\_\_\_\_

(Add additional pages if necessary)

Other Taxi/Autocab Licenses:

Have you been/are you previously licensed to own or operate a taxi/autocab? \_\_\_\_\_

If Yes, provide:

Jurisdiction licensed \_\_\_\_\_

License Number or other identifying information \_\_\_\_\_

Has any license you held to own or operate a taxi ever been revoked or suspended?

\_\_\_\_\_

If Yes, provide:

Jurisdiction \_\_\_\_\_ Explanation of cause of revocation or suspension of taxi license:

Details of Disposition:

**CERTIFICATION**

The applicant must also furnish any additional information requested by Borough officials in order to enable the Mayor and Council to decide whether the license should be issued.

By signing this application, applicant hereby consents to and agrees to submit to a state and federal criminal history check and a motor vehicle history check, either by fingerprinting, live scan or other methods through the Borough's vendor, at the Borough's sole discretion and at the cost and expense of the applicant.

Applicant acknowledges that applicant is familiar with and shall comply with the provisions of Borough Ordinance 13-2009 regarding the licensing of and operation of taxi/autocabs in the Borough of Sea Girt.

I certify the foregoing statements are true. I further certify that if any of the foregoing statements are willfully false I am subject to punishment.

\_\_\_\_\_  
(Signature of Applicant)

Dated:

\_\_\_\_\_  
Name of Applicant Printed

**BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER**

Applicant Name: \_\_\_\_\_

**BOROUGH OF SEA GIRT**  
**TAXI/AUTOCAB LICENSE APPLICATION**  
**PHYSICIAN'S CERTIFICATE**

Instructions:

This certificate must be completed and submitted with all applications for taxi/autocab driver's licenses. The form may only be completed by a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO).

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Name of Applicant:

Name of Examining physician/medical doctor:

Address:

Date of Examination:

Certification of Physician

I hereby certify that I have examined the above named applicant and in my medical opinion \_\_\_\_\_ (Name of Applicant) is fit for the safe operation of a taxi/autocab.

Dated:

\_\_\_\_\_  
Signature of Examining Physician

Applicant Name: \_\_\_\_\_

## **FINGERPRINTING/BACKGROUND CHECKS**

All applicants **MUST** go to the Sea Girt Police Headquarters located at 319 Baltimore Blvd., Monday thru Friday between the hours of 7:00am – 3:00pm to file out the required paperwork.

Applicants may not go during any other time then the days and hour provide above.

Phone: 732-449-7300

***If applicant holds a CDL they may provide a copy of their report from the State Police in lieu of the above requirement.***

**BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER**

Applicant Name: \_\_\_\_\_

**THERE IS NO FEE REQUIRED FOR ABSTRACT**



Abstract Unit  
P.O. Box 142  
Trenton, New Jersey 08666-0142

**DRIVER HISTORY ABSTRACT REQUEST**

All requests for driver history abstracts must be submitted on DO-21 (R5/04). One abstract per form. This form may be photocopied for your convenience, but photocopy must be two-sided. No other form of request will be accepted. Proper fee must accompany request form. Make check or money order (DO NOT SEND CASH) payable to the New Jersey Motor Vehicle Commission.



PLEASE PRINT

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO OBTAIN INFORMATION

Requester Name: Borough of Sea Girt  
Street Address: 321 Baltimore Boulevard  
City: Sea Girt State: NJ Zip: 08750

- CHECK ONE:
- Certified Complete Record  
\$10 per search (Court/Bar Exam)
- Certified 5-Year Record  
\$10 per search (Insurance/Employment)

Requester Driver License Number: \_\_\_\_\_  
**(PHOTOCOPY OF LICENSE MUST BE INCLUDED)**

PLEASE SUBMIT SEPARATE CHECK  
(One for the abstract and one for documents)

In order to obtain a motor vehicle record of another person, you must either have the notarized written consent of that person or certify that you will use the information contained in the record only as permitted by the "Drivers' Privacy Protection Act," N.J.S.A. 39:2-3.4(c). These permitted uses are listed on the back of this form.

- DOCUMENTS:  
(Check documents required.)
- \$5 certified per document
- \$4 uncertified per document
- Order of Suspension
- Schedule of Suspension
- Restoration Notice
- Mailing List
- Summons
- Accident Report

CHECK ONE:

- I am requesting my own record.
- I am requesting this record with the notarized written consent of the person to whom it pertains. (Notarized written consent must be attached.)
- I have reviewed the uses permitted by N.J.S.A. 39:2-3.4(c) as listed on the back of this form, and certify that my intended use of the personal information contained in the record is set forth in:

(INDICATE NUMBER OF APPROPRIATE USE FROM REVERSE SIDE)

I am requesting information on:

Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ [ ] Male [ ] Female  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify that I will use any personal information contained in the records I have requested only as permitted by the "Drivers' Privacy Protection Act," N.J.S.A. 39:2-3.4(c).

The disclosure and use of the personal information contained in the record you have requested is governed by the "Drivers' Privacy Protection Act," N.J.S.A. 39:2-3.3 et seq. The "Drivers' Privacy Protection Act" provides that a person who knowingly obtains or discloses personal information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

I hereby certify that all the foregoing statements are true to the best of my knowledge. I understand that if any of the statements are willfully false, I am subject to punishment.

Date: \_\_\_\_\_

SIGNATURE OF REQUESTER  
(Original Signature Only - Signature Stamp Unacceptable)