

(2012) BOROUGH OF SEA GIRT: TAXI/AUTOCAB LICENSE APPLICATION: DRIVER

Applicant Name: _____

SECTION 2. CHARGES OR CONVICTIONS

Have you ever been charged with, arrested or convicted of a crime or other violation of law including municipal ordinances other than for parking? YES NO

Have you at any time ever been convicted of driving under the influence? YES NO

Has your license to operate a vehicle in any state ever been suspended or revoked? YES NO

If the answers to any of the above questions are "YES", please state the circumstances surrounding the incident(s) in complete details, on separate sheet of paper and attach to the application.

SECTION 3. DRIVER'S LICENSE INFORMATION

(Add additional pages if necessary)

Attach a copy of your driver's license.

Driver's License Number _____ State of Issue _____ Number of Years Driving _____

Have you been/are you previously licensed to own or operate a taxi/autocab? YES NO

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Has any license you held to own or operate a taxi ever been revoked or suspended? YES NO

If Yes, provide:

Jurisdiction _____ Explanation of cause of revocation or suspension of taxi license:

Must submit a NJ Motor Vehicle Driving Abstract showing the past ten (10) years.

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.

Dated: _____

(Signature of Applicant)

Name of Applicant Printed

(2012) 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

If you hold a CDL a copy of your medial card may be provided

NJ Motor Vehicle Commission Driver History Abstract

A copy of your Driver History Abstract must be submitted with your application. You can obtain a copy of your abstract by visiting your local motor vehicle agency or online at <http://www.state.nj.us/mvc/>

FINGERPRINTING/BACKGROUND CHECKS

All applicants MUST go to the Sea Girt Police Headquarters located at 319 Baltimore Blvd., Wednesday - Saturday between the hours of 7:00am - 3:00pm to fill out the required paperwork. Please ask for Lt. James Kremp.

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

Phone: 732-449-7300

Checklist

**The following must be submitted with application.
Incomplete applications WILL NOT be accepted.**

- Application is filled out
- DMV Driver History Abstract - CURRENT
- Copy of Valid NJ Driver's License attached.
- Physician's Certificate completed or Copy of CDL Medical card.
- 2 color photographs size 2"x2" (not needed if submitted w/Owner's License Application)
- \$50.00 Check, Cash or Money Order (waived if owner)