



Broome County Government Security Division

Debra A. Preston, County Executive . James D. Dadamio, Director

APPLICATION FOR REPLACEMENT OF TAXICAB DRIVER'S LICENSE

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth (mm/dd/yy): _____ NYS Chauffer's License # _____

Home Address: _____

Name & Address of Current Employer : _____

Date Original Taxi Driver License Granted (mm/dd/yy): _____

License Number: _____

Reason for replacement: Lost Destroyed Stolen

Copy of Police report attached, if stolen

Explain: _____

Since date of original taxi application, have you been arrested or convicted of a felony, misdemeanor, DWI or illegal drug charge?

Yes No If yes, explain:

"PURSUANT TO THE NEW YORK STATE PENAL LAW SEC. 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN"

Applicant Signature: _____

Date: (mm/dd/yy) _____

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver's license; and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Subscribed to and sworn to before me
this ____ day of _____, 20__

Notary public or Clerk of Broome County

Broome County Office Building . 60 Hawley Street . P.O. Box 1766 . Binghamton, New York 13902

Phone: (607) 778-2107 . Fax: (607) 778-2242 . www.gobroomecounty.com

FOR OFFICE USE ONLY

Copy of NY State Chauffer's License

Fee collected (\$ 25.00) Cash Check Check # _____

Processed by _____ Date (mm/dd/yy): _____

ATTACH ALL SUPPORTING DOCUMENTATION

Approved Denied Reason: _____

_____ Date (mm/dd/yy): _____

Director of Security