



Broome County Government Security Division

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

TAXI CAB DRIVER'S LICENSE APPLICATION

Attach additional documentation as necessary

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

Current Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (home / cell): _____

D.O.B. (mm/dd/yy): _____ Place of Birth: _____

Married Single Male Female

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Current place of employment _____

Previous employment, including dates, for the past 5 years:

Previous residences, including dates, for the past 5 years:

U.S. Citizen? Yes No Green Card # _____

Have you ever been convicted of a felony or misdemeanor, or any offenses involving illegal drugs, or alcohol, or domestic violence, or a sexually related offense or have any pending charges for any offenses? Yes No If Yes, list below.

Date	Charge or Conviction	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you subject to any medical condition of body or mind, of which you are aware, which might render you unfit for the safe operation of a public vehicle? Yes No

Explain: _____

NY State
Chauffeur's Lic. # _____ Expires (mm/dd/yy): _____

Have you been previously licensed as a taxi driver or chauffeur in any state?

Yes No If yes, in what state? _____

If so, has your Chauffeur's / Driver's license ever been revoked or suspended?

Yes No If yes, when? (mm/dd/yy) _____

Reason: _____

Company from which you will operate any taxi cab:

Name: _____

Address: _____ Phone: _____

I agree to comply with all requirements and conditions outlined in Chapter 85 of the Broome County Local Laws, "Taxicabs", available for review through the Legislative Clerk of Broome County, specifically noting that using a taxicab for illegal purposes shall constitute sufficient cause to have a Taxi Driver Permit revoked.

I hereby authorize the Director of Security to perform a search of my criminal and motor vehicle records, at his discretion.

I hereby affirm that all information listed above is true to the best of my knowledge. I further understand that any misinformation given in this application, or failure to complete all sections, shall constitute sufficient cause for the denial of this application.

DATE(mm/dd/yy): _____ Signature of Applicant: _____

"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"

_____, 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

For Office Use Only:

License No. _____ Date Effective(mm/dd/yy): _____ Expires (mm/dd/yy): _____

Current NYS drivers/chauffeurs license presented & verified? Yes No Copied for records? Yes No

Abstract of driving record verified? Yes No

Criminal record check completed? Date (mm/dd/yy): _____

Drug screening report received? Date (mm/dd/yy): _____ Negative Positive

Affidavit of Character received (2) and verified: YES NO

Fee Collected (\$ 120.00) Cash Check Check # _____ Processed By: _____

ATTACH ALL SUPPORTING DOCUMENTATION

Application Approved Denied Reason:

Signature of Director of Security: _____ Date: _____

Notary Public or Clerk of Broome County



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PERSONAL REFERENCE VERIFICATION FORM

Name of Applicant: _____ Date (mm/dd/yy): _____

Are you related to the applicant? YES NO If so, what relationship? _____

How long have you known the applicant? _____

In what capacity do you know the applicant? (i.e. friend, neighbor, etc.) _____

In your opinion, does the applicant exhibit qualities that would be suited for the position of taxi cab driver?

Please explain: _____

Do you know of any reason why the applicant would be unsuited for the position of taxi cab driver?

Please explain: _____

Please give any additional information that you may think would be helpful to our consideration of this applicant. _____

Signature

Date

Print Name

Telephone Number

Address (Residential or Business)

Affidavit Rev 2/2012



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