



Broome County Government Security Division

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

APPLICATION FOR TRANSFER OF TAXICAB VEHICLE LICENSE OWNER INFORMATION

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

Address: _____

D.O.B. (mm/dd/yy): _____ Phone (home/cell): _____

D.B.A.: _____

Business Address: _____

Business Phone: _____ Fax: _____

VEHICLE INFORMATION

Vehicle Being Taken Out of Service: Broome County Taxi Lic. #: _____

Make: _____ Model: _____ Year: _____ Hybrid? YES NO

VIN#: _____ NYS License #: _____

Reason Vehicle Leaving Service: _____

Vehicle Entering Service: Make: _____ Model: _____ Year: _____

Hybrid? YES NO NYS Vehicle Lic. #: _____ Registration #: _____

Vehicle Identification #: _____

Previously registered as Taxicab? YES NO If Yes, Where? _____

Has this vehicle's license to operate as a taxicab ever been revoked or suspended?
 YES NO If yes, explain: _____

Expiration Date of current NY State Inspection (mm/dd/yy): _____

Sticker Number: _____

Copy of New York State Vehicle Registration attached? YES NO

Certificate of Insurance pursuant to Sec 336-15 attached? YES NO

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 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 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

336-22D Rev 6/2015

OFFICE USE ONLY

- Copy of NY State vehicle registration attached (Full address of the registered owner must be on the DMV registration; P.O. box numbers are *not* acceptable.)
- Certificate of Insurance attached (Broome County shall be listed as a certificate holder)
- Appointment for BC Taxi Inspection made? When? _____
- Fee paid (\$ \$ 25.00) Cash Check Check # _____

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

ATTACH ALL SUPPORTING DOCUMENTATION

Application Approved Denied Reason: _____

Signature of Director of Security: _____ Date: _____