



State of New York
County of Broome Government Offices

Broome County Government Security Division
Jason T. Garnar, County Executive · Brian R. Norris, Director

APPLICATION TO REPLACE VEHICLE LICENSE

I the undersigned do hereby make application for replacement of my County of Broome taxicab vehicle license, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto. I attest that I am no longer in possession of my vehicle license, or that I am returning same in unacceptable condition, and that the information given on my original application has not changed:

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

Date of Birth (mm/dd/yy): _____ Phone Number: _____

Name of Taxi Business : _____

BC Taxi Vehicle License #: _____ NYS License Plate # _____

VIN #: _____

Reason for replacement: Lost Destroyed Stolen

Explain: _____

Please attach the following documents:

- Copy of Police Report Attached, if Stolen
- Copy of the vehicle's New York State Vehicle Registration
- Certificate of Insurance with corresponding VIN Numbers indicated on form and Broome County listed as a certificate holder.

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 replacement of a taxicab vehicle 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

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 with corresponding VIN Numbers indicated on form and Broome County listed as a certificate holder.

Fee paid (\$25.00) Cash Check Credit Card

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

ATTACH ALL SUPPORTING DOCUMENTATION

Approved Denied Reason: _____

Signature of Dir. Of Security: _____ Date: _____