



State of New York  
County of Broome Government Offices

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

**APPLICATION FOR TRANSFER OF TAXICAB VEHICLE LICENSE**

**OWNER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B. (mm/dd/yy): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

**VEHICLE INFORMATION**

Broome County Taxi Vehicle License Number: \_\_\_\_\_

**Vehicle Being Taken Out of Service:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Hybrid?  YES  NO

VIN #: \_\_\_\_\_ NYS License #: \_\_\_\_\_

Reason Vehicle Leaving Service: \_\_\_\_\_

**Vehicle Entering Service:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Hybrid?  YES  NO

NYS License #: \_\_\_\_\_ Registration #: \_\_\_\_\_

VIN #: \_\_\_\_\_

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Has this vehicle's license to operate as a taxicab ever been revoked or suspended?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: \_\_\_\_\_

**Please attach the following documents:**

- 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 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

**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 Amount: \_\_\_\_\_  Cash  Check  Credit Card

Processed by \_\_\_\_\_ Date: (mm/dd/yy) \_\_\_\_\_

ATTACH ALL SUPPORTING DOCUMENTATION

Application  Approved  Denied Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Director of Security: \_\_\_\_\_ Date: \_\_\_\_\_