



**TOWNSHIP OF ROCKAWAY
OFFICE OF TOWNSHIP CLERK**

TAXICAB DRIVER'S LICENSE APPLICATION

This application must be filled out completely and submitted to the Rockaway Township Clerk's Office in Duplicate. All Taxicab Driver's Licenses shall expire annually on March 31 of the year of issuance. Any changes in the information provided in the application must be provided to the Township Clerk within 72 hours of said change.

Name: _____

Address: _____

If less than five years at the above address, provide addresses for the preceding five (5) years:

Home Phone Number: _____

Cell Number of Applicant _____

Age: _____ (must be 21 years or older) **Height:** _____

Hair Color: _____ **Eye Color:** _____

Social Security Number: _____

Were you born in the United States? _____ **YES** **NO**

If yes, provide proof thereof.

If you were not born in the United States, then you must provide proof that you are Naturalized Citizen Legal Alien of the United States.

**Resident of the State of New Jersey
for one (1) year or longer** _____ **YES** _____ **NO**

**Are you able to read, write and
speak the English Language** _____ **YES** _____ **NO**

**Have you provided for the safety of children
under the age of five (5) years who may be a
passenger in a taxicab operated by you?** _____ **YES** _____ **NO**

Taxicab Driver's Employer's Name: _____

Taxicab Driver's Employer's Business Address: _____

**Taxicab Driver's Employer's Business Phone
Number:** _____

Have you ever been convicted of a crime, disorderly persons offense or petty disorderly offense or a felony, a high misdemeanor or misdemeanor, or a prior violation of a taxicab ordinance, including but not limited to crimes, disorderly person, petty disorderly person, felonies, high misdemeanors, misdemeanors or violations which occurred either in or outside of New Jersey?

_____ **YES** _____ **NO**
(If yes, provide details)

Has your driver's license, issued by any State or a taxicab vehicle driver's license issued to you ever been suspended or revoked. If yes, for what cause?

_____ **YES** _____ **NO**
(If yes, provide details)

Attach two (2) passport-type photographs, taken within thirty (30) days of this application, front view, size two inches by two inches.

Attach a the certification from a licensed and practicing physician of New Jersey certifying that you have been examined on a certain date, within sixty (60) days prior to the filing of this application stating that you are of sound physical condition with good eyesight, not subject to epilepsy, vertigo, heart trouble or any other infirmity of body or mind.

Attach a copy of the "Qualification Certification" issued by the State of New Jersey approved fingerprinting agency.

Attach a copy of a State of New Jersey Driver's abstract issued by New Jersey Motor Vehicle Commission having an issuance date of no longer than seven (7) days prior to submitting this application.

Attach a copy of a current, valid driver's license which must be submitted which must be valid for at least one (1) year to the date of this application.

Attach a copy of your full automobile liability insurance policy with any and all endorsement(s) No ACCORD certificates will be accepted.

Submit the \$50.00 Non-refundable application fee with either a check made payable to Rockaway Township or cash.

Attach proof that you are a U.S. Citizen or that you are a legal alien of the U.S.

I certify that the foregoing responses provided are true and all of the documents provided are genuine. I am aware that if any of the foregoing information provided is willfully false I am subject to punishment.

Signature of Applicant

Date

Print Name of Applicant

By signing this application the applicant grants permission for the Rockaway Township Police Department to conduct an investigation in accordance with considerations set forth in Ordinance O-13-15 adopted May 28, 2013.

Signature of Applicant

Date

*******CHECK LIST AND APPROVAL FOR TOWNSHIP USE ONLY*******

Two passport sized, current and clear pictures of the driver.

received
(to be completed by Clerk)

A certificate of fitness from a physician licensed to Practice in the State of New Jersey pursuant to Rockaway Township Code Section 5-8.6a5, dated within sixty (60) days of the date of application

received
(to be completed by Clerk)

A copy of an insurance policy must be submitted to the Clerk with this application. Driver must be listed.

received
(to be completed by Clerk)

A copy of the operator's "Qualification Certificate" issued by the New Jersey Motor Vehicle Commission

received
(to be completed by Clerk)

A copy of a New Jersey Driver's abstract issued by Motor Vehicle Commission with issuance date no longer than seven (7) days prior to application date.

received
(to be completed by Clerk)

A copy of current, valid driver's license

received
(to be completed by Clerk)

Proof of Legal Citizen or Legal Alien

received
(to be completed by Clerk)

\$50 non-refundable application fee.

received
(to be completed by Clerk)

\$25 fee for duplicate license, when applicable.

received
(to be completed by Clerk)

POLICE DEPARTMENT – TOWNSHIP OF ROCKAWAY

This is to certify that the Township of Rockaway Police Department has conducted an investigation in accordance with considerations set forth in Ordinance O-13-15 adopted May 28, 2013.

Signature

Date

TOWNSHIP CLERK'S USE

Clerk's date of Issue _____

License # _____