



Taxicab Driver Application

Application fee - Non-refundable

Licensing Year July 1, _____ to June 30, _____

Important Notice

False or incomplete responses to any of the following, constitutes perjury and will result in refusal of license or, if granted, revocation of same. All application questions must be answered, if more space is needed, attach additional page and identify answers by heading or number. Please print in ink or type in online. If a question does not apply, put "N/A".

Name _____ Phone _____

Mailing address _____

Email address _____

Driver's license # _____ Expiration _____

Social Security # _____ Date of birth _____

Weight _____ Height _____ Race _____ Sex _____

Eye color _____ Hair color _____

1. Where were you born? _____

Are you a citizen of the United States? Yes No

If no, have you declared your intention to become a naturalized citizen? Yes No

2. How long have you been a resident of Maryland? _____

Anne Arundel County? _____ City of Annapolis? _____

3. Are you familiar with the geographical boundary and streets of the City of Annapolis? Yes No

4. How long have you been a licensed driver? _____ State and year of original license _____

5. Have you ever filed an application for a taxicab owner or driver? Yes No

If yes, state when and where. _____

6. Do you have, or have you had, any physical or mental illness, defect or infirmity, or have you ever received treatment for same which would in any way interfere with your operation and control of a motor vehicle?

Yes No If yes, explain below (attach additional page if needed and label with question number).

7. Have you ever been arrested or convicted for any of the following?

- a. Alcohol or drug related offenses Yes No
- b. Traffic violations other than parking Yes No
- c. Violation of any law other than traffic Yes No
- d. Any offense resulting in loss of license Yes No

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If yes to any of the above, explain below (attach additional page if needed and label with question number).

I hereby authorize the City of Annapolis to perform an investigation of my criminal, driving, medical, and if appropriate immigration, educational and employment backgrounds whether or not they are a private, confidential or privileged nature. This investigation may involve a review of my records on file with any appropriate Federal, State, City or local governmental agency or any employment educational or medical institution. A photocopy of this form will be valid as an original writing of my signature. I hereby certify to the truth of the statements made in this application and agree to comply with all City, County, State and Federal ordinances, laws and/or statutes, including rules of the company or association employing me and the regulations of Chapter 7.18 of the City Code of Annapolis, Maryland 1986 edition, as amended.

Signature of applicant Date

Affidavit State _____ County _____

Sworn before me, a Notary Public of the State and County, aforesaid, this

_____ day of _____, _____

My Commission expires _____

Notary Public _____

OFFICE USE ONLY

Physical required? Yes No Received? Pass Fail

Next physical required? _____

Decision of the Director of Transportation Approved Disapproved

Signature _____