



Montgomery County, Maryland
 DEPARTMENT OF TRANSPORTATION
 TAXICAB LICENSING
 101 Monroe Street, 5th Floor, Rockville, Maryland 20850
 (240) 777-2227 (CABS) • TDD (240) 777-5869

APPLICATION DROP-OFF AND ID PICK-UP

MONDAY - THURSDAY
8:30 A.M. - 12:00 NOON

Montgomery County, Maryland TAXICAB DRIVER APPLICATION

ALL APPLICANTS MUST SUBMIT THESE ITEMS WITH THEIR APPLICATION:

- ✓ **VALID DRIVER'S LICENSE** issued by the State of Maryland or a bordering state (including the District of Columbia).
- ✓ **DRIVING RECORD** you must submit a certified copy of your driving record. Driving record must be for the three (3) previous calendar years. Include records for all states you have been licensed to operate a motor vehicle within the previous three (3) years. The record(s) must be obtained no more than 2 weeks before submission of the application.

TAXICAB DRIVER IDENTIFICATION CARDS WILL NOT BE ISSUED TO APPLICANTS WHO HAVE CONVICTIONS WITHIN THE PAST 3 YEARS IN ANY JURISDICTION WHICH WOULD EQUAL MORE THAN 4 POINTS UNDER MARYLAND'S MVA GUIDELINES.

- ✓ **RECENT PHOTOGRAPHS.** You must submit 1 side view and 3 front view photographs. The side view must be a profile with one shoulder facing the camera (a correct profile includes a side view of the nose and one eye). These pictures must be color prints, passport size. No hats or sunglasses are permitted in the photographs.
- ✓ **TWO (2) SETS OF FINGERPRINTS.** You must pick up fingerprint cards at 101 Monroe Street, 5th Floor, Rockville, Maryland 20850. Fingerprint cards must be taken to the Maryland Criminal Justice Information Systems (CJIS) in Reisterstown, Maryland or one of the locations listed below. Applicants must bring two forms of ID with them.

FINGERPRINT LOCATIONS

Reisterstown Plaza Mall, 6776 Reisterstown Road, Baltimore, Maryland. Appointments are not required.
 Hours: Mon, Wed, Fri, 8:30 am - 5 pm; Thursday, 8:30 - 6pm; First and Third Saturdays, 8:30am - 5pm

You **MUST** call CJIS Customer Service Center between the hours of 8am - 5pm at 410-765-4501 or toll free, 1-888-795-0011 for appointments at the following Maryland Motor Vehicle Administration (MVA) sites. (DO NOT CALL THE MVA OFFICE)

MVA Bel Air	501 West McPhail Road, Bel Air, MD 21224	Mon-Fri, 8am - 4pm	Appointments Only
MVA Frederick	1601 Bowan's Farm Road, Frederick, MD 21701	Tues - Thurs, 8am - 4pm	Appointments Only
MVA Waldorf	11 Industrial Park Drive, Waldorf, MD 20602	Mon -Fri, 8am - 4pm	Appointments Only
MVA Glen Burnie	6601 Ritchie Hwy., N.E., Glen Burnie, MD 21066	Mon-Fri, 8am - 4pm	Appointments Only

IMPORTANT NOTICE: ANY PERSON WHO MAKES A FALSE STATEMENT UNDER OATH TO ANY QUESTIONS ON THIS FORM SHALL NOT BE ISSUED AN ID CARD TO OPERATE A TAXICAB. ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED.

OFFICE USE ONLY

NEW APPLICATION ONE YEAR ID TWO YEAR ID

DATE RECEIVED FOR PROCESSING _____ BY: _____ ID#: _____

EXPIRATION DATE: _____ EXTENSION DATE/TEMPORARY EXPIRATION: _____

DATE RENEWAL ISSUED: _____ BY: _____ DATE RENEWAL EXPIRES: _____

SIDE
VIEW
PHOTO

IMPORTANT NOTICE: ANY PERSON WHO MAKES A FALSE STATEMENT UNDER OATH TO ANY QUESTIONS ON THIS FORM SHALL NOT BE ISSUED AN ID CARD TO OPERATE A TAXICAB. ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED.

FRONT
VIEW
PHOTO

LIST ALL ADDRESSES FOR THE PAST 5 YEARS.

FULL NAME: (Printed): _____
LAST FIRST MIDDLE

ALIAS: (Printed): _____
LAST FIRST MIDDLE

PRESENT HOME ADDRESS: _____ APT. NO.: _____

CITY _____ STATE: _____ ZIP: _____

PHONE NO.: _____ MOBILE NO.: _____

PREVIOUS HOME ADDRESS: _____ APT. NO.: _____

CITY _____ STATE: _____ ZIP: _____

PREVIOUS HOME ADDRESS: _____ APT. NO.: _____

CITY _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____ APT. NO.: _____

CITY _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NO.: _____ OR ALIEN REGISTRATION CARD NO.: _____

DRIVER'S LICENSE NO.: _____ STATE: _____ CLASS: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ AGE: _____

SEX: I MALE I FEMALE EYE COLOR: _____ HAIR COLOR: _____

1. WHERE WERE YOU BORN? _____

IF NOT BORN IN THE UNITED STATES, ARE YOU A NATURALIZED CITIZEN? YES NO

WHEN WERE YOU NATURALIZED? _____

2. HOW LONG HAVE YOU HAD A DRIVER'S LICENSE? _____

3. DO YOU HAVE A CRIMINAL CASE PENDING OR HAVE YOU – EVER, AT ANY TIME – BEEN CONVICTED OF, PLED GUILTY, NO CONTEST TO, OR WERE PLACED ON PROBATION WITHOUT A FINDING OF GUILT? YES NO

PLEASE LIST. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SEPARATE SHEET.

DATE	OFFENSE	DISPOSITION/STATUS	CITY/COUNTY	STATE

4. HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER? YES NO

WHEN, WHERE, AND WHY: _____

5. NAME OF COMPANY FOR WHICH YOU WILL DRIVE: _____

6. HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE OR COUNTRY? YES NO

WHERE AND WHEN: _____

7. HAS MVA/DMV EVER SUSPENDED, REVOKED OR DENIED YOUR DRIVING PRIVILEGES? YES NO

WHEN, WHERE AND WHY? _____

8. HAVE YOU EVER HAD A TAXICAB DRIVER'S ID CARD OR SEDAN DRIVER'S LICENSE? YES NO

WHERE AND WHEN: _____

IF YES TO #8, WAS YOUR TAXI DRIVER'S ID CARD OR SEDAN DRIVER'S LICENSE EVER DENIED, SUSPENDED OR REVOKED? YES NO

WHY AND WHEN?: _____

9. HAVE YOU SUFFERED ANY SERIOUS ILLNESS OR BODILY INJURY SINCE YOUR LAST APPLICATION? YES NO

EXPLAIN: _____

10. HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF ANY OFFENSE INVOLVING DRIVING UNDER THE INFLUENCE OR DRIVING WHILE INTOXICATED? YES NO

LIST DATE(S) AND JURISDICTIONS: _____

11. ARE YOU ADDICTED TO ALCOHOL OR NARCOTIC DRUGS? YES NO

WE ARE ASKING ALL TRADE GROUPS TO RECOMMEND DRIVERS FOR NEW OR RENEWAL IDENTIFICATION CARDS, IN ORDER TO ASSURE THAT PASSENGERS WILL RECEIVE QUALITY CUSTOMER SERVICE.

I recommend / do not recommend _____ for a Taxicab Operator Identification Card.

Company Designee (Signature)

Company Designee (PRINT)

Date

If you do not recommend applicant for renewal, please explain: _____

TAXICAB DRIVERS MUST NOT DENY SERVICE TO PERSONS WHO RIDE IN A TAXICAB WITH A SERVICE ANIMAL. (In accordance with the Americans with Disabilities Act)

I have received this notice and agree to provide service to people with service animals.

Applicant's Signature

Date

PHYSICIAN'S CERTIFICATE

I certify that within the previous 30 days the applicant, _____ has been given a physical examination including a tuberculosis test and is free from any communicable disease. The applicant is not subject to any physical or mental impairment that could adversely affect his/her ability to drive safely or otherwise endanger the public health, safety or welfare.

If physician is unable to certify the above, please explain: _____

Date

Physician's Address

Physician's Phone Number and FAX Number

**AFFIX
DOCTOR'S
OFFICE
STAMP
HERE**

Signature of Physician

Physician's License Number

State of Issuance

I solemnly swear or affirm under penalty of perjury that the information provided and statements made in this application are true, correct and complete.

Applicant's Signature

Date