Montgomery County, Maryland
DEPARTMENT OF TRANSPORTATION
TAXICAB LICENSING
101 Monroe Street, 5th Floor
Rockville, Maryland 20850
(240) 777-5800

APPLICATION DROP-OFF AND ID PICK-UP
MONDAY - FRIDAY
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 Motor Vehicle Administration certified driving record. Driving record(s) must be for the **three (3) previous years.** The required driving record(s) must be from all **STATES** and/or **COUNTRIES** that you operated a motor vehicle in during the past 36 months. The driving record(s) must be obtained no more than two (2) weeks before submitting 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 **one (1) side view** and **three (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 glasses are permitted in the photographs.**

✔ **ONE (1) LIVESCAN FINGERPRINT FORM.** You must pick up a Livescan Fingerprint Form at 101 Monroe Street, 5th Floor, Rockville, Maryland 20850. Fingerprint form 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. The fingerprint form must be completed in BLACK INK.

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.

Revised July 2019

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.: _____

E-MAIL ADDRESS: _____

PREVIOUS HOME ADDRESS: _____ APT. NO.: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS HOME ADDRESS: _____ APT. NO.: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS HOME 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: ☐ MALE ☐ 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 THE TAXICAB 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

12. DO YOU CURRENTLY OWN A PVL? ..... ☐ YES ☐ NO IF YES, WHAT IS YOUR PVL NUMBER? _____

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 Name ***Date***

_____ _____

Company Designee (SIGNATURE) ***Company Designee (PRINT)***

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

_____

– FLEETS PLEASE COMPLETE THE ABOVE IN ITS ENTIRETY –

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. **Please provide tuberculosis test/x-ray results, the date administered and check the box if applicant passed physical.**

PHYSICAL: PASS ☐ FAIL ☐

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

_____

_____ _____

Date *Signature of Physician*

_____ _____

Physician's Address *Physician's License Number*

_____ _____

Physician's Phone Number **and** *FAX 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***