



TAXICAB DRIVER'S LICENSE APPLICATION

BALTIMORE COUNTY
DEPARTMENT OF PERMITS APPROVALS AND INSPECTIONS
COUNTY OFFICE BUILDING
111 WEST CHESAPEAKE AVENUE, ROOM 114
TOWSON, MD 21204
410-887-3616

FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL, SUSPENSION OR REVOCATION OF LICENSE

The applicant shall be at least 21 years old and a legal resident of the United States for at least 2 years.

Submit the following in person:

1. Completed original application, which includes two Character References and a Physician's Certification signed and stamped.
2. MVA driving record: Current, certified, complete driving record for all new applicants, or if it has been three years since last renewal; 36 -month certified driving records are acceptable for recent renewals within 30 days from issuance date from MVA.
3. Photographs: Two recent color photographs, 2" X 2" with 1" head. No head covering.
4. Driver's License: Valid State Class "C" or better.
5. C.J.I.S. Criminal Background Check – Attach the receipt from CJIS.
6. \$34.00 License Application fee (Credit/ Debit Card, Cash, check or money order made payable to "BALTIMORE COUNTY, MD").

NAME _____ PHONE NO. _____
FIRST MIDDLE LAST

ADDRESS _____ ZIP CODE _____
STREET CITY STATE

DATE OF BIRTH ____/____/____ MALE FEMALE / MARRIED SINGLE
MONTH DAY YEAR

HEIGHT _____ WEIGHT _____ RACE _____ EYE COLOR _____ HAIR COLOR _____
FEET INCHES

SOCIAL SECURITY NO. _____ - _____ - _____ MD DRIVER'S LICENSE NO. _____

Answer the following questions:

How long have you been a legal resident of the United States? _____ Do you speak, read, and write English? **Yes No**

Do you have knowledge of the streets, roads, and places, etc. in Baltimore County? **Yes No**

Are you addicted to alcohol or drugs? **Yes No If yes, explain** _____

Have you ever had any alcohol related traffic violations? **Yes No If yes, explain** _____

Have you ever received probation, probation before judgment and/or been convicted for violation of the criminal laws of the State of Maryland? **Yes No If yes, please give detail** _____

If you have ever had a taxicab driver's license in Baltimore County, please state when? _____

Who is/will be your taxicab employer? _____ Cab Company Phone No. _____ - _____ - _____

I hereby certify that, under penalty of perjury, to the best of my knowledge, the information on this application, is true and correct, and that I have received a copy of Article 21, Title 17, Baltimore County Code, 2003 edition, as amended, and I agree to abide by all rules and regulations therein.

APPLICANT'S SIGNATURE _____ DATE ____/____/____

CHARACTER REFERENCES

Character references are NOT to be a member of your immediate family or permit holders of a taxicab company. References MUST be a Maryland citizen.

To be completed by Character Reference

REFERENCE 1.

What is your relationship to the applicant? _____ How long have you known the applicant? _____

Is the applicant addicted to drugs and/or alcohol? **Yes** **No** How many taxicab drivers have you vouched for? _____

Name _____ **Primary Phone** _____

Address _____ **Zip Code** _____

Signature _____ **Date** ____/____/____

REFERENCE 2.

What is your relationship to the applicant? _____ How long have you known the applicant? _____

Is the applicant addicted to drugs and/or alcohol? **Yes** **No** How many taxicab drivers have you vouched for? _____

Name _____ **Primary Phone** _____

Address _____ **Zip Code** _____

Signature _____ **Date** ____/____/____

**PHYSICIAN'S CERTIFICATION
MUST BE COMPLETED BY PHYSICIAN AND STAMPED**

This is to certify that the applicant, _____, was examined on ____/____/____
Applicant's Name Date Examined

and that he/she is of sound general health, with good eyesight and hearing, and not be subject to any physical or mental disability that might render the applicant unfit for the safe operation of a taxicab.

Comments _____

Physician's Name (print or type) _____ **Phone No.** _____

Physician's Address _____ **Zip Code** _____

Physician's Signature _____ **Date** _____

OFFICE USE ONLY

C.J.I.S. Receipt Date _____ **Driving Record Issued Date** _____ **Initials** _____

Date Applied _____ **Cash Receipt No.** _____ **Amount Paid** _____

License No. _____ **Date Issued** _____ **Initials** _____