



Montgomery County, Maryland  
 DEPARTMENT OF TRANSPORTATION  
 TAXICAB LICENSING  
 101 Monroe Street, 5th Floor, Rockville, Maryland 20850  
 (240) 777-5800 • TTY (301) 251-4850

## 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 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 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 glasses are permitted in the photographs.**
- ✓ **ONE 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.**

### FINGERPRINT LOCATIONS

Reisterstown Plaza Mall, 6776 Reisterstown Road, Baltimore, Maryland. Appointments are not required.

Hours: Monday, Tuesday, Wednesday and Friday, 8:30 am - 5 pm; Thursday, 8:30 am - 6:30 pm;

First and Third Saturdays, 8:30 am - 4:30 pm

You **MUST** call CJIS Customer Service Center between the hours of 8am - 5pm at 410-764-4501 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, 8 am - 4 pm	Appointments Only
MVA Frederick	1601 Bowan's Farm Road, Frederick, MD 21701	Tues - Thurs, 8 am - 4 pm	Appointments Only
MVA Waldorf	11 Industrial Park Drive, Waldorf, MD 20602	Mon -Fri, 8 am - 4 pm	Appointments Only
MVA Glen Burnie	6601 Ritchie Hwy., N.E., Glen Burnie, MD 21066	Mon-Fri, 8 am - 4 pm	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.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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:  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

**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. **Please provide tuberculosis test/x-ray results and the date administered.**

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*