

Town of Rotterdam Taxicab Driver's License Application

February 1st through January 31st

**Mail to: Diane M. Marco, Town Clerk
1100 Sunrise Blvd Rotterdam, NY 12306**

518-355-7575 Ext 352

\$25.00 fee per driver per year

(Driver's Licenses are Non-Transferable)

Driver Name: _____

Current Address: _____

Phone Number: _____ Date of Birth: ____/____/____

Names and Addresses of Employers during the last 10 years:

NYSDL# _____ Are you a US Citizen? ___Yes ___No

Height: ___ft. ___in. Weight: _____Lbs Hair Color: _____ Eye Color: _____

Describe scars, marks, physical infirmities: _____

Number and date of issuance of a chauffeur's license? _____

Has this license EVER been suspended or revoked? ___No ___Yes (Give cause, what court, what date, and period of suspension of applicable): _____

List any violation of any traffic law, ordinance or regulation for which you have been arrested or convicted within the 18 months: _____

Have you ever been convicted of a misdemeanor or felony? _____No _____Yes

If Yes, please provide details, including name and location of the court as well as the date and penalties imposed: _____

Taxicab Business Name: _____

Business Address: _____

Notary Section:

I have been provided with a copy of the Taxicab Code and I agree to abide by all provisions of the Town of Rotterdam code as it pertains to the license I have applied for by and through this application and that all statements in this application are true.

Signature

_____, the applicant for this License and Certificate has appeared personally before me on this _____ day of _____ 20____ and has sworn that (s)he has executed this application and that all statements contained hereon are true.

State of New York,

County of _____

Notary Public _____

Commission Expires _____

Applicant is to Submit the following as per Section 257-5:

- 3 individual photos of himself taken within 30 days prior to the date of the application 1 ½ inches by 1 ½ inches in size, and such pictures must be a true likeness of the applicant and must show only neck, shoulders and uncovered head.
- Certificate from a physician, duly licensed to practice in the State of New York, certifying that, in his opinion, the applicant is not afflicted with any physical or mental disease or infirmity which might make him an unsafe or unsatisfactory driver.
- Present for inspection his current New York State chauffeur's license for inspection
- Fingerprinted
- Recommendations by three residents of Albany, Rensselaer, Saratoga, or Schenectady Counties, not related to the applicant, who have known the applicant for a period of one year or more and who will vouch for the applicant's sobriety, honesty and general good character.