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.

- **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)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Days</th>
<th>Time</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVA Bel Air</td>
<td>501 West McPhail Road, Bel Air, MD 21224</td>
<td>Mon-Fri</td>
<td>8 am - 4 pm</td>
<td>Appointments Only</td>
</tr>
<tr>
<td>MVA Frederick</td>
<td>1601 Bowan's Farm Road, Frederick, MD 21701</td>
<td>Tues - Thurs</td>
<td>8 am - 4 pm</td>
<td>Appointments Only</td>
</tr>
<tr>
<td>MVA Waldorf</td>
<td>11 Industrial Park Drive, Waldorf, MD 20602</td>
<td>Mon -Fri</td>
<td>8 am - 4 pm</td>
<td>Appointments Only</td>
</tr>
<tr>
<td>MVA Glen Burnie</td>
<td>6601 Ritchie Hwy., N.E., Glen Burnie, MD 21066</td>
<td>Mon-Fri</td>
<td>8 am - 4 pm</td>
<td>Appointments Only</td>
</tr>
</tbody>
</table>

**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 2013
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.

LIST ALL ADDRESSES FOR THE PAST 5 YEARS.

FULL NAME: (Printed): __________________________________________________________________________________

ALIAS: (Printed): _______________________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>OFFENSE</th>
<th>DISPOSITION/STATUS</th>
<th>CITY/COUNTY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
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</table>

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: __________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
____________________________________   _______________________________________________
Physician’s Address   Physician’s License Number
____________________________________   _______________________________________________
Physician’s Phone Number  and  FAX Number   State of Issuance

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    Signature of Physician

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

AFFIX DOCTOR’S OFFICE STAMP HERE

Signature of Physician

Physician’s Address

Physician’s License Number

Physician’s Phone Number  and  FAX Number

State of Issuance