

**THE CITY OF FREDERICK, MARYLAND  
TAXICAB DRIVER'S LICENSE APPLICATION**

Complete the application by typing or printing in ink; any application not fully completed may be rejected and returned for proper completion. Should any answer(s) require additional space, continue on a plain white sheet of paper and indicate the item number you are continuing.

**In order to receive Phase 1 (preliminary) approval, you must bring with this application:**

- Certified copy of your **full driving record** from the state where you are currently licensed;
- Certified driving records from **all** states where you have been licensed to operate a motor vehicle **in the last ten years**;
- A check, money order, or exact cash in the amount of \$10.00 payable to **The City of Frederick**;
- A photocopy of your driver's license;
- A check or money order in the amount of \$50.00 payable to **Frederick County Sheriff's Office to be fingerprinted**, **OR** a full criminal history report, MD and FBI, issued by the Director of the Maryland Criminal Justice Information System (CJIS) that is dated no more than 2 weeks before you apply.
- If **not** a US citizen, a copy of your Employment Authorization Card issued by the United States Department of Homeland Security.

**If your application and background check pass Phase 1 (preliminary) approval, you will be notified in writing to submit the following documents within 15 days of that notice. You may, but are not required to, submit them at the same time as the documents listed above.**

- A statement from a **licensed medical professional** certifying physical fitness to operate a taxicab;
- Proof that you have passed screening for illegal drugs from a **State-certified laboratory** not more than **15 days prior** to application.

**An approved permit is \$50. The renewal fee is \$25. All permits expire on June 30 in the second calendar year after issuance.**

1. Name (First) (Middle) (Last)							
2. Maiden name				Other names used		Nicknames	
3. Current Mailing Address (Street address, city, state, ZIP Code)							
4. Home telephone number		Home e-mail address		Cell telephone number		Home fax number	
5. Work telephone number		Work e-mail address		Work fax number			
6. Current Employer's Name & Address (if employed by other than a taxicab company)						7. Social Security No.	
8. Race	9. Sex	10. Date of Birth	11. Place of Birth & Nation of Citizenship	12. Height	13. Weight	14. Hair	15. Eyes
16. Addresses for the past 2 years (Street address, city, state, ZIP Code)						From	To
17. Have you ever been convicted of <b>any</b> crime(s) (including DWI, DUI, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain <b>what</b> charges, <b>when</b> they were, and the <b>sentence</b> you received:							
18. Have you ever been on <b>supervised</b> probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe <b>when</b> and <b>why</b> you were or are on probation or parole, and the name of your agent.							

19. Have you ever been on <b>unsupervised</b> probation, or received Probation Before Judgment (PBJ)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain <b>when</b> and <b>why</b> you were or are on probation.					
20. a. Current driver's license number		State		Expiration Date	
20. b. Have you had a driver's license in any other state or country <b>in the last 10 years</b> ? If Yes, list where:					
21. Has your driver's license or privilege to drive a motor vehicle <b>ever</b> been revoked, suspended, cancelled, or refused <b>anywhere</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list <b>each</b> time and explain <b>why</b> .					
22. Employment for the past 2 years, beginning with the most recent and including any periods of unemployment:					
Employer	Address	From	To	Final Position	Reason for Leaving
23. Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how often and how much you drink:					
24. Have you used illegal drugs within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe <b>what</b> drugs, <b>when</b> and <b>how often</b> you used:					

I solemnly swear or affirm, under penalty of perjury, that the information I have provided in this Taxicab Driver's License Application is truthful and complete. I am aware that, should the investigation of the facts contained in this application reveal any willful misstatement or omission of material fact on the application, it will be rejected and I will receive no further consideration for the position for which I am applying.

I am also aware that, as a Taxicab Driver licensed by The City of Frederick, I am subject to random drug testing under the authority of The Code of The City of Frederick, Chapter 23.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

TAXICAB ADMINISTRATIVE AGENCY ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
Comments:	
Name and ID#	Date