



TAXICAB DRIVER LICENSE APPLICATION

Office of the City Clerk/Business Licensing & Enforcement Division | One City Hall Plaza/Manchester, NH 03101 | (603) 624-6348

Date: _____

NEW APPLICATION

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Please submit the following documentation:

- **A complete motor vehicle record for the previous five years.** *(Record must be certified by the Department of Safety, Motor Vehicle Records Division in Concord or from the appropriate out-of state agency if applicant has not been a resident for all of the past five years.)*
- **A complete criminal record for the previous five years.** *(Record must be certified by the Department of Safety, Criminal Records Division in Concord or from the appropriate out-of state agency if applicant has not been a resident for all of the past five years.)*
- **Two recent passport photos.**
- **The results of a “five panel” drug screening urine test.** *(You will be notified where and when to report for this test. Refusal to submit immediately to this test will result in the revocation of your permit without reimbursement for any fees subsequent to the application or required documentation. You may be issued a temporary permit pending results of this test.)*
- **\$80.00 application fee.** *(This fee is non-refundable and may not be prorated or rebated at any point of the licensing year.)*

RENEWAL APPLICATION

RENEWAL APPLICATION

Please submit the following documentation:

- **A complete motor vehicle record for the previous twelve months.** *(Record must be certified by the Department of Safety, Motor Vehicle Records Division in Concord or from the appropriate out-of state agency if applicant has not been a resident for all of the past twelve months.)*
- **A complete criminal record for the previous twelve months.** *(Record must be certified by the Department of Safety, Criminal Records Division in Concord or from the appropriate out-of state agency if applicant has not been a resident for all of the past twelve months.)*
- **Two recent passport photos.**
- **\$80.00 application fee.** *(This fee is non-refundable and may not be prorated or rebated at any point of the licensing year.)*

DRIVER IDENTIFICATION

Full Name: _____ DOB: _____

Residence: _____

S.S. #: _____ Cell #: _____ Home #: _____

Mailing Address (if different than residence): _____

DRIVER IDENTIFICATION (CONT.)

Previous Address (you must account for the past five years): _____

NH Driver's License #: _____

DRIVER HISTORY

Please check Yes or No in all the boxes and answer all applicable questions.

	YES	NO
Employed by a licensed taxicab company? If Yes, list the company name:		
Have you been convicted of a crime in another state? If Yes, what state:		
Do you have any criminal charges pending? If Yes, list the state(s), conviction(s), charge(s), and year(s):		
Have you ever been fingerprinted? If Yes, where?		
Do you have any physical/mental health problems (past/present) which may hinder your ability to operate a taxicab? If Yes, please explain.		
Have you ever been a resident of another state? If Yes, where and when?		

MISCELLANEOUS

Name of the company you intend to work for this licensing year: _____

Age: _____ Height: _____ ft. _____ inches Eye Color: _____ Hair Color: _____

Complexion: _____ Weight: _____ Birthplace: _____

Please include the information above for your Taxicab Driver's License.

IMPORTANT NOTE

During the licensing year, all the information presented above shall remain true and accurate and must be updated as changes occur (i.e. changes in name, address, phone number, etc.). Also, all drivers shall be placed in the pool of licensees from which selections are made for random drug and alcohol testing. Although you will not be required to pay, you will be required to submit to these tests immediately. You may be selected for a drug and/or alcohol test each time one is conducted. You will be notified where and when to appear for each test. Failure to comply with all federal, state or local laws, statutes, and ordinances may result in the immediate revocation of your taxicab driver's license.

I, _____, hereby authorize that the Department of Aviation may release and forward information requested by the City of Manchester concerning my previous alcohol and controlled substance testing records. I also certify that I have read and understand the application and that all of the information presented is true and accurate. I realize that any misrepresentation in this information or failure to comply with ordinances in the City of Manchester may result in the immediate suspension or revocation of my taxi permit.

Signature: _____ Date: _____