

Taxi Driver's License Application

City of Syracuse Form TA 106 (rev 04/2015)

City of Syracuse
Department of Finance



ADMINISTRATIVE USE ONLY

INSTRUCTIONS

LICENSE NUMBER : _____

Original : Issued : _____

Renewal : Expires : _____

Approved : by : _____

Denied : by : _____

- ALL QUESTIONS must be answered and answered truthfully.** Any questions left blank or containing false replies may result in the delay, denial or revocation of such license.
THE SUBMISSION OF FALSE ANSWERS MAY CONSTITUTE PERJURY
- ALL APPLICANTS** must submit a copy of a valid NYS (Class E minimum) Driver's License.
- ALL APPLICANTS** must submit two color passport style photo's, 2"X2". Please no sunglasses or hats.
- ALL APPLICANTS** must submit a **Taxicab Driver's Medical Certification Form** with this application **except** if this form is already on file with the City **and** has been completed within three (3) years **preceding** the submittal date of this application.
- ALL APPLICANTS** must submit a receipt with this application confirming they have had their **Fingerprints** taken for their NYS Criminal History report **except** if such fingerprints have already been taken **and** successfully submitted after April 9th 2014 **and** they have not been removed or deleted from DCJS by SPD or DCJS.

APPLICANT PERSONAL INFORMATION

Please Print

PHOTOGRAPH OF APPLICANT

PRINTED NAME (Last, First, Middle)		
Address (Street and Apartment/Building No.)		
City, State and Zip Code		
Date of Birth	Social Security Number	Driver's License Client ID #
Telephone (HOME)	Telephone (CELL)	

Two (2) Color Photos
2" X 2"

State of New York
County of Onondaga } ss.
City of Syracuse

I, the undersigned, hereby apply to the City of Syracuse for a license to drive a Taxicab in the City of Syracuse and for that purpose I declare that, subject to penalties of perjury, any statements made on or in connection with this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge are true and correct. I understand that any deliberate misrepresentation or omission of facts may be cause for denial of such license or the revocation of same if already issued. I also understand that all statements made in connection with this application are subject to verification.

I, _____ deposes and says that I am the individual making this application for a Taxicab Driver's License and that the answers to any question or other statement contained within, made by myself, is true and accurate to the best of my knowledge.

Sworn or Affirmed to before me this

_____ day of _____, 20 ____.

Signature of Applicant

Notary Public or Commissioner of Deeds

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Please answer Yes or No to the following questions. If the question asks for or if you need to provide additional details do so below in the Additional Information section.

Criminal history will be reviewed and considered in accordance with Article 23-A of the New York State Corrections Law.

ADDITIONAL APPLICANT INFORMATION

1. Yes No Are you now the holder of, or a member of a partnership or corporation holding any license issued by the City of Syracuse? If yes, explain below.
2. Yes No Has any license issued to you by the City of Syracuse ever been Suspended or Revoked? If yes, explain below.
3. Yes No Have you any physical or mental defects or infirmities of which you are aware, that you believe would in any way interfere with the proper operation of a motor vehicle? If yes, explain below.
4. Yes No Have you been found to be responsible in any Motor Vehicle Accident within the past three (3) years? If yes, explain below.
5. Yes No Has your New York State Driver's License, or a Driver's License from ANY other jurisdiction ever been Suspended or Revoked? If yes, explain below.
6. Yes No Have you been CONVICTED of a crime involving the possession, use, distribution or sale of controlled substances pursuant to New York Penal Law Article 220, or the equivalent statute in any other jurisdiction? If yes, explain below.
7. Yes No Have you been CONVICTED of a Misdemeanor in New York State or any other jurisdiction, other than a misdemeanor involving the illegal use of a motor vehicle, within the last one year from the submission date of this application? If yes, explain below.
8. Yes No Have you been CONVICTED of a Felony in New York State or any other jurisdiction, other than a felony involving the illegal use of a motor vehicle, within the last five years from the submission date of this application? If yes, explain below.
9. Yes No Have you ever been CONVICTED of a crime involving the illegal use of a motor vehicle, Driving While Intoxicated (DWI) or Driving While Ability Impaired (DWAI) within the past ten (10) years from the submission date of this application? If yes, explain below.
10. **Have all questions on this application been answered and has this application been signed and sworn to, or affirmed, in the presence of a Notary Public or Commissioner of Deeds?** Yes No

ADDITIONAL INFORMATION

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Application received by Licensing. _____	Application Approved/Disapproved. _____
Fee Paid. _____	Application returned to Licensing. _____
Application received by SPD. _____	Applicant notified. _____