

# TAXICAB DRIVER'S LICENSE APPLICATION

BALTIMORE COUNTY  
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS  
COUNTY OFFICE BUILDING  
111 WEST CHESAPEAKE AVENUE, ROOM 101  
TOWSON, MD 21204



410-887-3616

**ANY FALSIFICATION OF THIS APPLICATION IS SUFFICIENT GROUNDS FOR DENIAL OF A LICENSE OR LICENSE REVOCATION**

To obtain a temporary or annual license, bring the following in person:

1. Completed application, which includes two references and verification by physician.
2. MVA driving record: Current, non-certified, complete driving record for all new applicants, or if it has been three years since last renewal. 36 -month driving records are acceptable for recent renewals.
3. Photographs: Two recent color photographs, 2" X 2" with 1" head. No head covering.
4. Driver's License: Valid state Class "C" or better.
5. C.J.I.S. Criminal Background Check
6. \$30.00 License Application fee (Cash, check or money order made payable to "BALTIMORE COUNTY, MARYLAND").

*Note - 50% Late fee for renewals filed after May 31*

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MD DRIVER'S LICENSE NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you been a legal resident of the United States? \_\_\_\_\_ Do you speak, read, and write English? **Yes No**  
Do you have knowledge of the streets, roads, and places, etc. in Baltimore County? **Yes No**

Are you addicted to alcohol or drugs? **Yes No If yes, explain** \_\_\_\_\_  
Have you ever had any alcohol related traffic violations? **Yes No If yes, explain** \_\_\_\_\_

Have you ever received probation, probation before judgment and/or been convicted for violation of the criminal laws of the State of Maryland? **Yes No If yes, please give details** \_\_\_\_\_

If you have ever had a taxicab driver's license in Baltimore County, please state when? \_\_\_\_\_  
Who is/will be your taxicab employer? \_\_\_\_\_ Cab Company Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby certify that, under penalty of perjury, to the best of my knowledge, the information on this application, is true and correct, and that I have received a copy of Article 21, Title 17, Baltimore County Code, 2003 edition, as amended, and I agree to abide by all rules and regulations therein.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## REFERENCES

Personal references are NOT to be a member of your immediate family, are NOT to be the owner of a taxicab company, and MUST be a Maryland citizen.

### REFERENCE 1.

What is your relationship to the applicant? \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Is the applicant addicted to drugs and/or alcohol? **Yes No** How many taxicab drivers have you vouched for? \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

### REFERENCE 2.

What is your relationship to the applicant? \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Is the applicant addicted to drugs and/or alcohol? **Yes No** How many taxicab drivers have you vouched for? \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

## PHYSICIAN'S VERIFICATION

This is to certify that the applicant, \_\_\_\_\_, was examined on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and that he/she is of sound general health, with good eyesight and hearing, and is not subject to epilepsy, vertigo, heart disease, or any other infirmity of body or mind which renders the applicant unfit for the safe operation of a taxicab.

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Name (print or type) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

## OFFICE USE ONLY

License No. \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Applied \_\_\_\_\_

C.J.I.S. No. \_\_\_\_\_ Cash Rcpt. No. \_\_\_\_\_ Date Issued \_\_\_\_\_