

**TOWN OF WESTFIELD**  
425 East Broad Street Westfield, NJ 07090  
Phone (908) 789-4033 \* Fax (908) 928-9316

**TAXICAB DRIVER LICENSE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_ BUSINESS PHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_

SSN \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHPLACE \_\_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_ HT \_\_\_\_

WT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ SCARS/MARKS/AMPUTEE \_\_\_\_\_

MARITAL STATUS **S** \_\_\_\_ **M** \_\_\_\_ **W** \_\_\_\_ **D** \_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

SERVED IN ARMED FORCES? \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

DISCHARGE TYPE \_\_\_\_\_ DATE \_\_\_\_\_

EVER ARRESTED? \_\_\_\_\_ IF YES, STATE THE OFFENSE, DATE AND PLACE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

EMPLOYER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT ANY FALSE STATEMENT WILL BE CAUSE FOR THE REJECTION OF THIS APPLICATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR OFFICE USE ONLY**

FINGERPRINTED \_\_\_\_\_ EMPLOYER LETTER \_\_\_\_\_

PHOTOS \_\_\_\_\_ POLICE LETTER/RECORD CHECK \_\_\_\_\_

CHECK \_\_\_\_\_ MO \_\_\_\_\_ CASH \_\_\_\_\_

LICENSE # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_