Licensing Division, MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis, MD 21401
Telephone: (410) 222-7788
Fax: (410) 222-4488
www.aacounty.org

PROVISIONAL TAXICAB OPERATOR LICENSE APPLICATION

The fee for a Provisional Taxicab Operators License is **$**100.00. A minimum of $25.00 and a **complete** State of Maryland motor vehicle driving record must accompany this application. Proof of fingerprinting is due within 20 days. $75.00 and a physician verification form are due within 45 days.

Name _____
First Middle Last

Current Residence _____
Number Street

_____
City State Zip

Home Telephone Number _____ Cell Phone Number _____

Home addresses for the previous five years

Dates	Street Address	City	State	Zip

Date of Birth _____ Place of Birth _____
Month-Day-Year City State/Country

Race _____ Height _____ Weight _____ Age _____

Hair color_____ Eye color_____

How long have you lived in Maryland?_____ E-mail_____

U.S. Citizen? ☐ YES ☐ NO Social Security No._____ - _____ - _____

If **NO**, a copy of your INS Employment Authorization or Alien Registration card must be submitted with this application.

If **YES** and you were not born in the U. S., a copy of your US Passport or Certificate of Naturalization is required.

List your employment history for the past six years:

Dates	Employer & Address	Position/Job Title

OVER►

Have you ever been convicted of a felony, misdemeanor, or other crime? ___YES ___NO
If YES, give the time, place and nature of each conviction.

Do you have any history of drug or alcohol abuse? ___YES ___NO If YES, please explain:

Have you ever been convicted of a motor vehicle violation? ___YES ___NO
If YES, list when and where and the nature of each conviction.

Have you ever been licensed as a taxicab operator? ___YES ___NO If YES, when and where?

Have you ever had a motor vehicle license or taxicab license suspended or revoked? ___YES ___NO
If YES, please explain:

I, the undersigned, hereby apply for a taxicab operator's license. I understand that the balance of the license fee must be paid before a license can be issued. The information given herein is complete and accurate to the best of my personal knowledge. If a license is issued to me, I will conform to and abide by all the laws and regulations applicable to taxicab operators and vehicles. I understand that **within twenty days** of the issuance of a provisional taxicab operator's license, I must be fingerprinted and initiate a criminal history record request so that the report will be sent to the Department. **Within forty-five days** I must provide evidence of physical examination by a physician. I further understand that any changes to the information herein must be reported to the department in writing **within forty-eight hours** of occurrence. If I leave the services of the cab company named herein, I understand that I must return my license to the company or the department. I acknowledge that if I transfer to another company, I must submit an application and $25.00.

_____ _____
Date of Application Signature of Applicant

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This application is for a license to drive for _____. Said cab company has
(name of company)
verified that this applicant is knowledgeable of all relevant county laws and rules and that the applicant has demonstrated an ability to follow directions and read a map. The following company representative certifies these facts.

_____ _____
Signature of Company Representative Printed Name

_____ _____
Title of Company Representative Date

_____ _____
Company Mailing Address Company Telephone Number