



# Newark

## TAXICAB INSPECTION UNIT APPLICATION FOR CORPORATION VEHICLE OWNER

### VEHICLE LICENSE INFORMATION

MEDALLION/VEHICLE LICENSE #:

LICENSE YEAR:

(IF AUTOCAB) NAME OF BASE VEHICLE WILL WORK FOR:

### CORPORATION INFORMATION (FILL OUT COMPLETELY)

CORPORATION NAME:

PRESIDENT:

VICE PRESIDENT:

SECRETARY:

REGISTERED AGENT:

ADDRESS:

CITY / STATE / ZIPCODE:

PHONE #: ( )

CELL PHONE #: ( )

DATE OF BIRTH: / /

N.J. STATE CORP. CODE #:

ARE YOU A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT? YES NO

(IF NO, PLEASE EXPLAIN)

N.J. DRIVER'S LICENSE #: / / LICENSE EXP. DATE: / /

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED/REVOKED? YES NO

(IF YES, PLEASE EXPLAIN)

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES NO

(IF YES, PLEASE EXPLAIN)

### VEHICLE INFORMATION

MAKE / MODEL:

YEAR:

COLOR:

SERIAL (V.I.N.) #:

PLATE #:

### EMERGENCY CONTACT INFORMATION (REQUIRED)

NAME OF A NEAREST RELATIVE (NOT LIVING WITH YOU):

ADDRESS: PHONE #: ( )

### APPLICATION CERTIFICATION (TO BE FILLED OUT BY A NOTARY PUBLIC)

I \_\_\_\_\_ BEING DULY SWORN AND COMMISSIONED, DEPOSE THAT \_\_\_\_\_  
PRINT NOTARY'S NAME PRINT APPLICANT'S NAME

IS THE INDIVIDUAL MAKING THE FOREGOING STATEMENTS CONTAINED IN THIS APPLICATION FOR TAXICAB / AUTOCAB VEHICLE LICENSE; THAT THE ANSWERS TO THE FOREGOING QUESTIONS & STATEMENTS CONTAINED HERE IN ARE TRUE TO THE BEST OF NOTARY'S OWN KNOWLEDGE & BELIEF.

SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_. (STATE OF NEW JERSEY )

NOTARY SIGNATURE

(CITY OF \_\_\_\_\_ )

SEAL

APPLICANT SIGNATURE

(COUNTY OF \_\_\_\_\_ )



APPLICANT'S NAME: \_\_\_\_\_

**MEDICAL EVALUATION (TO BE COMPLETED BY LICENSED PHYSICIAN)**

EYE SIGHT: \_\_\_\_\_

HEARING: \_\_\_\_\_

HEART: \_\_\_\_\_

**PERSONAL DESCRIPTION:**

SEX \_\_\_\_\_

COLOR \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

IN YOUR JUDGEMENT, ARE THERE ANY INDICATIONS OF INFIRMITIES OR MEDICAL CONDITIONS THAT WOULD RENDER THIS APPLICANT UNFIT TO OPERATE A TAXICAB OR AUTOCAB? \_\_\_\_\_ YES \_\_\_\_\_ NO (IF YES, PLEASE GIVE A DETAILED EXPLANATION):

PHYSICIAN NAME: \_\_\_\_\_

PHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHYSICIAN STAMP:

PHYSICIAN SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS SECTION)**

APP. REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ INSURANCE POLICY #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

PAID STAMP & DATE

**\*NOTE: IN CASE APPLICANT MOVES DURING THE LICENSED YEAR, HE/SHE MUST NOTIFY THE TAXICAB INSPECTION UNIT OF HIS / HER NEW ADDRESS.**



# S.T.O.P. DRIVER CONSENT FORM

NAME:		DOB:
ADDRESS:		DRIVER/HACK LIC#:
MAKE:	MODEL:	YEAR:
COLOR:	REG#:	VIN#:
COMPANY NAME:		ADDRESS:

I \_\_\_\_\_ do hereby affirm the following:

I have volunteered to participate in the Taxi/Livery Safe Transportation Operations Program (S.T.O.P.).

I understand that by participating in this program the police may stop any Taxi/Livery that I am operating which has S.T.O.P. decals affixed. These safety stops may occur at any time in accordance with the Program's Guideline's. In these instances police action will include a brief inquiry and visual inspection of the vehicle to insure my safety. I further understand that necessary precautions generally utilized to protect officers while making stops will be taken.

I hereby agree to abide by the above requirements and realize that I must comply with all vehicle and traffic laws. I confirm that I have fully read and understood the above, and all information has been accurately completed to the best of my knowledge prior to my signing of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# *Autocab Base Committal Agreement*

*This section to be completed by the Insured*

**Insured Name:** \_\_\_\_\_

**Insured Address:** \_\_\_\_\_

**Vehicle License #:** \_\_\_\_\_

**Vehicle Year/Make/Model:** \_\_\_\_\_

**Vehicle Identification (V.I.N.) #:** \_\_\_\_\_

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*To be completed by the Autocab Base Owner*

**Date:** \_\_\_\_\_

**Name of Base:** \_\_\_\_\_

**Base Address:** \_\_\_\_\_

**Base Owner Name/Manager:** \_\_\_\_\_

I hereby certify that the above named vehicle is currently licensed with the City of Newark Division of Taxicabs. Said vehicle is affiliated with my Autocab Base for the period of \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Base Owner/Manager Signature

} COMPANY SEAL }

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*This section to be completed by the Insurance Company/Agent*

**Name of Insurance Company:** \_\_\_\_\_

**Policy / Binder #:** \_\_\_\_\_

\_\_\_\_\_  
Insurance Agent Name

\_\_\_\_\_  
Insurance Agent Number