MOUNT LAUREL TOWNSHIP
APPLICATION FOR TAXICAB DRIVER’S LICENSE

MUNICIPAL CLERK’S OFFICE
MOUNT LAUREL MUNICIPAL CENTER
100 MOUNT LAUREL ROAD
MOUNT LAUREL, NJ 08054
(856) 234-0001, Ext. 1236

APPLICATION IS HEREBY MADE FOR A TAXICAB DRIVER’S LICENSE PURSUANT TO THE PROVISIONS OF ORDINANCE 1973-11 OF THE TOWNSHIP OF MOUNT LAUREL, COUNTY OF BURLINGTON, STATE OF NEW JERSEY.

Full Name of Applicant ________________________________

Address __________________________________________

Telephone # ____________ Employer ________________

Date of Birth ________________ SS# ________________

Age ______ Sex ______ Race ______ Weight ______ Hair ______ Eyes ______ Height ______

Applicant a citizen of the United States of America ______

Has applicant ever been arrested or convicted of a crime? ______

If, so what offense __________________________________________

_____________________________________________________

Date & place of arrest & conviction ________________________________

Driver’s License # ______________________

License ever been revoked? ______

Has applicant ever been denied a license in Mt. Laurel __________________________

Submit with application 2 photos, completed criminal investigation form, abstract of drivers license from Division of Motor Vehicles.

Date ______

__________________________
Signature of Applicant

*Fee Paid ______

Payment Received ________

*Two passport photos and driving abstract required.
*Fee is $125.00
NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

Complete address of Requesting Agency

ORI Number

Please conduct a name search of your files and forward a copy of any Criminal History Record Information you have regarding the following individual:

(Last Name)       (First Name)       (Middle)

Address

Date of Birth       SS#       Male or Female

Check appropriate box to indicate the purpose of the request and complete all other required information

Criminal Justice Purpose (Code C) Security check authorization waiver not required.

Request for FBI Record Check (If this request is for a Criminal Justice Purpose and you desire a check of the FBI identification Bureau Files, check this box, fill in the subjects
FSI number (if known) and submit this form in duplicate.)

Block Parent/Helping Hand Type Program (Security check authorization is required)

Non-Criminal Justice Employment/Licensing Purpose (Code E)
Authority for Non-Criminal Justice Employment/Licensing Purpose

State or Federal Statute Rule or Regulation or Executive Order

Enter the appropriate Statute Citation, Rule or Regulation or Executive Order Number

Local Ordinance (Security check authorization is required)

Type or print name of person making request       Signature of person making request

SECURITY CHECK AUTHORIZATION (Waiver)

Supervisor, State Bureau of Identification

As indicated above, I have applied for Non-Criminal justice employment, licensing or as a volunteer participant in a Block, Parent/Helping Hand Type Program. For the purpose of this application. I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose to the Mount Laurel Township Department of Public Safety. Any such information released as a result of this authorization shall be used for the express purpose of processing the above indicated application

__________________________________________
Signature of Applicant

__________________________________________
Date