



**TOWN OF ISLIP
OFFICE OF THE TOWN CLERK**

Taxicab Driver's License Application

Applicant must provide a current New York State Chauffeur's License and original Social Security Card, and an Alien Registration Card if applicable.

Applicant must submit \$100.00 Cash/Check/Money Order at the time of application for Fingerprinting plus a \$25.00 Application Fee and a \$10.00 Photo Fee. Fingerprinting will be done at Long Island Mac Arthur Airport and is needed every three (3) years. License year is June 1st thru May 31st.

Please Print

Date: _____ Applicant Name: _____

Address: _____
(Street) (Town, State, Zip)

Social Security Number: _____ Phone: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

U.S. Citizen: YES NO

If not a U.S. Citizen, do you have documentation of your Alien Registration Number? YES NO

Place of Birth: _____ Married: YES NO

Place of Employment: _____

Address: _____ Phone: _____

Present Taxi License Number (if applicable): _____

Has your license to drive a vehicle ever been revoked? YES NO

If yes, for what reason? _____

Current New York State Chauffeur's License #: _____ Expiration Date: _____

Class #: _____ Date last fingerprinted for taxi driver's license: _____

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT HEREIN SHALL BE COMMITTING THE SEPARATE CRIME OF PERJURY. IN ADDITION TO CRIMINAL PROSECUTION THE DISCOVERY OF ANY FALSE STATEMENTS HEREIN WILL RESULT IN THE IMMEDIATE REVOCATION OF THE PERSON'S TAXICAB DRIVER'S LICENSE.

-----X

In Matter of the Taxicab Driver's License of

AFFIDAVIT

-----X

State of New York)

: ss:

County of Suffolk)

_____, being duly sworn deposes and says:

PRINT NAME

1. Your deponent is an applicant for a taxicab driver's license from the Town of Islip;
2. Your deponent swears, under oath, to the truth of the statements contained in this affidavit;
3. Your deponent makes this affidavit before an officer empowered to administer an oath; such as a notary public;
4. Your deponent states that your deponent has not been charged with, nor convicted of, any crime at any time prior to the making of this affidavit, except for the charges and convictions specified below.
5. Your deponent is aware that your deponent has a duty to notify the Town Clerk within twenty-four (24) hours of your deponent being charged with, or convicted of any crime.
6. Fingerprinting and license fees are **non-refundable**. Background checks from NYS Dept. of Criminal Justice **may cause your application to be denied**.
7. Your deponent is aware that leasing of vehicles is not permitted in the Town of Islip.

(CROSS OUT BELOW IF INAPPLICABLE)

PLACE OF CHARGE	DATE OF CHARGE/ARREST	DATE OF CONVICTION	SENTENCE IMPOSED

If license is denied, fees are NON-REFUNDABLE.

Signature of Applicant

Sworn to before me this Day of 20

Rec. # _____
Date _____

Notary Public