



CITY OF CAMDEN
 DEPARTMENT OF CODE ENFORCEMENT
 PO BOX 95120, CITY HALL ROOM 220
 CAMDEN, NJ 08101-5120
 PHONE:(856) 757-7131 OR 7006 FAX: (856) 342-7168

TAXI DRIVER LICENSE APPLICATION

FEE: \$77.28

Applicant's info;

Applicant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone # [] _____ Cell Phone # [] _____

Driver's License # _____ Date of birth: _____

Social Security # _____

Have you ever been convicted of a crime? [] Yes [] No

If yes, give date[s] and explain: _____

Cab Company's info [if applicable];

Cab Company you intend to work for: _____

Cab Owner's name: _____

Cab Company's Phone #: _____

PRINT NAME

DATE

SIGNATURE



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AFFIDAVIT

STATE OF NEW JERSEY
COUNTY OF CAMDEN : SS
CITY OF CAMDEN

_____, BEING DULY SWORN THAT
Applicant

HE/SHE IS THE INDIVIDUAL MAKING THE FORGOING APPLICATION FOR A
TAXI DRIVER

_____ LICENSE AND THAT THE

ANSWERS TO THE QUESTIONS CONTAINED THEREIN ARE TRUE.

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF
_____, 20 _____.

NEW JERSEY NOTARY PUBLIC

[SEAL]

APPLICANT



CITY OF CAMDEN
DEPARTMENT OF CODE ENFORCEMENT
BUREAU OF LICENSE & INSPECTIONS
PO BOX 95120, CITY HALL ROOM 220
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INFORMATION REQUIRED WITH THE TAXI DRIVER LICENSE APPLICATION

1. Two passport size [2x2] photos of the applicant [no substitutes].
2. Original valid driver's license
3. Applicant's social security card, if you do not have your card, you may order a replacement card from the Social Security office. They will issue a receipt, which we will accept.

Location: 5 Executive Campus, Cherry Hill New Jersey 08002

Phone: 1-800-772-1213

Directions: Take 70 East, make a left on Cornell Ave [at King of Pizza, before Home Depot]. At the traffic light, make a left onto King Avenue. The Social Security office is ¼ mile on the right.

4. Fingerprints: All applicants are required to be fingerprinted.
Please call the number on the fingerprint sheet attached to this application to Schedule your appointment.
5. Original abstract of your driving record. This can be obtained from the New Jersey Motor Vehicle Services. The closest regional Motor Vehicle office is located in Deptford, New Jersey.

Directions: 676 South, to 42 South, to 295 South, take exit 20 –Thorofare, make a right at the end of exit ramp, DMV is immediately on the right.

6. A doctor's note within the past 60 days stating that you are of sound physical condition and nothing would impair your ability to drive a taxicab.

ALL LICENSES EXPIRE DECEMBER 31ST AND MUST BE RENEWED PRIOR TO JANUARY 1ST TO AVOID LATE FEES.

(1) Originating Agency Number (ORI #) NJPRR0000		(2) Category PRE	(3) Statute Number 13:59-1		
(4) Reason for Fingerprinting PERSONAL RECORD EMPLOYEE			(5) Document Type S1	(6) Payment Information \$40.00	
(7) Contributor's Case # (Unique Identifier) EMPLOYEE			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ()		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address		State	Zip
		City			
Identification Requirement - Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please **READ** this form carefully and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY**. It is **required** you **present** this completed Universal Fingerprint Form, IDG_NJAPP_110113, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an Applicant is responsible for payment, Payment is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Money Order is the only form of payment accepted at the enrollment center.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper identification; Inability to present this completed Universal Fingerprint Form IDG_NJAPP_110113; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM