



State of New York
County of Broome Government Offices

Broome County Government Security Division
Jason T. Garnar, County Executive · Brian R. Norris, Director

**APPLICATION FOR REISSUE OF TAXICAB DRIVER'S LICENSE
FOLLOWING SUSPENSION**

I the undersigned do hereby make application for reissue of my license to drive a taxicab within the County of Broome, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth (mm/dd/yy): _____ NYS Drivers' License # _____

Home Address: _____

Name of company from which you operate any taxicab: _____

Broome County License Number: _____

Date of suspension (mm/dd/yy): _____

Reason for suspension:

Since date of original taxi application, have you been arrested or convicted of a felony, misdemeanor, or any offenses involving illegal drugs, alcohol, domestic violence, or a sexually related offense, or have any pending charges for any offense?

Yes No If yes, explain:

**APPLICANT SHALL ALSO BE SUBJECT TO REVIEW OF HIS NEW YORK STATE
DEPARTMENT OF MOTOR VEHICLES DRIVER'S LICENSE ABSTRACT
AND ANY CRIMINAL HISTORY**

"PURSUANT TO THE NEW YORK STATE PENAL LAW SEC. 210.45, IT IS A CRIME
PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE
STATEMENT HEREIN"

Applicant Signature: _____

Date: (mm/dd/yy)_____

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver's license; and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Subscribed to and sworn to before me
this ____ day of _____, 20

Notary public or Clerk of Broome County

FOR OFFICE USE ONLY

- Copy of NY State Drivers' License
- NYS Drivers' License Verified as valid
- Criminal Records Check completed & attached
- Fee collected (\$150.00) Cash Check Credit Card

Processed by _____ Date (mm/dd/yy): _____

ATTACH ALL SUPPORTING DOCUMENTATION

Approved Denied Reason: _____

Director of Security

Date (mm/dd/yy): _____