

**SPRINGFIELD POLICE DEPARTMENT
TAXI LICENSE APPLICATION
FEE IS NON-REFUNDABLE**

NEW _____ RENEWAL _____

TO THE BOARD OF TAXI COMMISSIONERS;
I HEREBY MAKE APPLICATION FOR A LICENSE TO DRIVE A TAXICAB IN THE CITY OF
SPRINGFIELD, MASSACHUSETTS.

NAME _____ S.S.N.# _____ - _____ - _____

RESIDENCE _____ AGE _____

DATE OF BIRTH ___/___/___ PLACE OF BIRTH _____

SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

MARITAL STATUS _____ MASS. LICENSE NUMBER _____

ARE YOU A U.S. CITIZEN? YES ___ NO ___ PERMENANT RESIDENT I.D. # _____

DO YOU POSSESS A TAXI LICENSE IN THIS OR ANY OTHER CITY/TOWN IN MASS?
YES ___ NO ___

HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___ IF SO, WHEN, WHERE, AND FOR
WHAT OFFENSE? _____

WHAT WAS THE DISPOSITION OF THE ABOVE CHARGES?

ARE YOU PRESENTLY EMPLOYED AT AN ALTERNATIVE OCCUPATION? _____

HOW MANY YEARS OF SCHOOLING HAVE YOU COMPLETED? GRAMMAR _____
HIGH SCHOOL _____ COLLEGE _____

DO YOU READ, WRITE, SPEAK, AND FULLY UNDERSTAND THE ENGLISH LANGUAGE?
YES ___ NO ___

HAVE YOU EVER HELD A SPRINGFIELD TAXI LICENSE? YES ___ NO ___

DO YOU HAVE A POLICE OR CRIMINAL RECORD? YES ___ NO ___

HAVE YOU HAD ANY MOTOR VEHICLE VIOLATIONS? YES ___ NO ___

SIGNED UNDER THE PENALTIES OF PERJURY ON THIS _____ DAY OF _____ YEAR _____

SIGNATURE OF APPLICANT _____



FOR USE BY LICENSING AUTHORITY ONLY

CLERK INITIALS _____

APPROVED _____

DENIED _____ REASON FOR DENIAL _____

PICTURE NUMBER _____

EXPIRATION DATE ___/___/___