



Application fee is non-refundable

**To the Board of Taxi and Livery Commissioners;
I hereby make application for a license to drive
(Check one) Taxi _____ Livery _____ in the City of Springfield.**

Name _____
Maiden name (If applicable) _____
List all aliases used _____
Father's full name _____
Mother's name (include maiden name) _____
S.S.N. _____ - _____ - _____ Mass. License # _____
Address _____
City/Town _____ State _____
Place of birth _____ Marital status _____
Date of birth ____/____/____ Hair color _____ Eye color _____ Sex _____
Height _____ Weight _____ Are you a U.S. citizen? _____
Are you a Naturalized citizen? _____ Naturalization Certificate # _____
Are you a Permanent Resident of The United States? (Possess a green card) _____
Place of entry into The United States _____
Do you hold a Taxi/Livery license in this or any city/town in Mass.? _____
If so where? _____ Have you had any motor vehicle violations? _____
Do you possess a criminal record? _____ Have you ever been arrested? _____
Where? _____ When? _____ What offence(s)? _____
What was the Court disposition(s) for this/these offence(s)? _____

ARE YOU PRESENTLY SERVING ANY COURT ORDERED PROBATION?

Expiration date _____
Do you read, speak, write & fully understand the English language? _____
Are you familiar with Springfield and surrounding area landmarks, restaurants, hotels and visitor attractions? _____
Can you offer helpful and accurate information to visitors and tourists? _____

Signed under the penalties of perjury on (date) ____/____/____

Applicant signature _____