

## CITY OF MIDDLETOWN TAXI LICENSE APPLICATION INSTRUCTIONS

### Answer ALL Questions:

Answer **all** questions on the application. Any unanswered questions on an application may be looked upon in a negative manner and could possibly delay processing.

### Fingerprinting:

All fingerprinting will be handled by Morpho Trust USA. Locations and appointments for fingerprinting can be accessed via the internet ([www.identogo.com](http://www.identogo.com)) or by telephone.

#### *Internet Scheduling:*

- Fingerprint processing appointments can be scheduled by visiting the Morpho Trust website at [www.identogo.com](http://www.identogo.com).
- Print the "Confirmation Page" and bring it to the fingerprinting appointment.

#### *Toll Free Call Center Scheduling:*

- Call Morpho Trust USA toll free call center at (877) 472-6915.
- The Morpho Trust USA Operator will issue a Confirmation Number. Write down the Confirmation Number and bring it to the fingerprinting appointment.
- Appointment scheduling via the call center is available 9AM - 9PM Monday through Saturday.

The applicant must bring the following items/documentation to their fingerprinting appointment:

- Photo ID and a second form of identification.
- Confirmation Page (from the internet) or Confirmation Number (from the telephone).
- Fingerprinting processing fee as set by Morpho Trust USA. Payment shall be made directly to L-1 Identity Solutions via their website or at the time of your appointment. Cash **will not** be accepted at the L-1 Identity Solutions site. Contact L-1 Identity Solutions for payment options.
- City of Middletown Police Department **ORI#** is **NY0350100**.

L-1 Identity Solutions will issue the applicant 2 receipts after they have been fingerprinted. Attach one of these receipts to the **completed** application and submit them to the Records Division located at the City of Middletown Police Department.

### Photographs:

You will be contacted by the City of Middletown Police Department's Community Policing Unit Commander to schedule an appointment to have your taxi license photo taken. If you have any questions in regards to appointments, please call 845-346-4032.



**City of Middletown  
Middletown, New York  
APPLICATION FOR TAXICAB DRIVER'S LICENSE  
FEE: \$100.00**

Date of Application \_\_\_\_\_ Taxi License Number \_\_\_\_\_

I, the undersigned, do hereby make application to drive a taxicab in the City of Middletown, New York pursuant to Section 433 of the Code of the City of Middletown as adopted and amended and provide the following information for said application:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Age: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_

Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you a U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

If Naturalized, give date of papers and court by which granted: \_\_\_\_\_

Certificate No. \_\_\_\_\_

List former address in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time as a resident of the City of Middletown: \_\_\_\_\_

List former employer's names and address from the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application for TAXICAB DRIVER'S LICENSE**

Can you read and/or write English? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you in good health with good eyesight? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any addiction or current impairment due to any type of substance use? Yes: \_\_\_\_\_ No: \_\_\_\_\_

State Driver's License: Yes: \_\_\_\_\_ No: \_\_\_\_\_ State Driver's License Number: \_\_\_\_\_

Do you currently possess a City of Middletown Taxi License: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Date of Expiration: \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a traffic infraction? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or mental disabilities of which you are aware of that would interfere with the proper control and management of a motor vehicle?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I, \_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a licensed taxicab, and that the answers to the foregoing questions and other statements contained therein are true and correct according to the best of his/her own knowledge.

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Application for TAXICAB DRIVER'S LICENSE**

**THE FOLLOWING QUESTIONS MUST BE ANSWERED**

Are you now undergoing Criminal Court action of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: (Include dates, arresting agency, disposition, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

State of New York  
County of Orange ss:  
City of Middletown

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

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**TO BE FILLED OUT BY THE CHIEF OF POLICE OR HIS DESIGNEE**

Felony Conviction Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes: Date: \_\_\_\_\_

Charge: \_\_\_\_\_

License approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police or designee's signature

\_\_\_\_\_  
Date

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**TO BE FILLED OUT BY THE POLICE DEPARTMENT OFFICE**

A fee of \$100.00 was collected on \_\_\_\_\_

License Number: \_\_\_\_\_ Issued on: \_\_\_\_\_

Date License was approved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer in Charge

\_\_\_\_\_  
Date

## VOUCHER OF FORMER EMPLOYER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

1. Is the applicant related to you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how? \_\_\_\_\_
2. How long was applicant in your employment? \_\_\_\_\_
3. Was his/her work and character satisfactory? \_\_\_\_\_
4. Would you employ him/her now if the opportunity were offered? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Why did he/she leave your employment? \_\_\_\_\_

State of New York  
County of Orange  
City of Middletown

\_\_\_\_\_ being duly sworn, deposes and says that he/she is a former employer of the applicant herein mentioned and that he/she has observed his conduct and found him to be honest, sober and of good character; and that he/she knows nothing to prejudice his/her rights to drive a taxi in the City of Middletown.

Signature

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public Signature

## Voucher #1

Voucher #1 must answer the following questions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation of voucher #1 \_\_\_\_\_

1. Is the Applicant related to you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

2. Has the applicant ever been in your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

3. Would you employ him/her now, if the opportunity could be offered? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

4. Is the applicant, to your knowledge, addicted to any type of substance use? Yes \_\_\_\_\_ No \_\_\_\_\_

State of New York  
County of Orange  
City of Middletown

\_\_\_\_\_ being duly sworn, deposes and says  
that he/she has known the applicant herein mentioned for a period of  
\_\_\_\_\_; that he/she has observed his conduct during the period so stated  
and found him/her to be honest, sober and of good character, civil in manner and behavior;  
that he/she knows nothing to his/her prejudice and recommends him/her to the City Clerk as  
a fit person to be licensed as a driver of a taxicab.

Signature

\_\_\_\_\_

Residence

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public Signature

## Voucher #2

**Application for TAXICAB DRIVER'S LICENSE**

Voucher #2 must answer the following questions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation of voucher #2 \_\_\_\_\_

5. Is the Applicant related to you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

6. Has the applicant ever been in your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how? \_\_\_\_\_

7. Would you employ him/her now, if the opportunity could be offered? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

8. Is the applicant, to your knowledge, addicted to any type of substance use? Yes \_\_\_\_\_ No \_\_\_\_\_

State of New York  
County of Orange  
City of Middletown

\_\_\_\_\_ being duly sworn, deposes and says that he/she has known the applicant herein mentioned for a period of \_\_\_\_\_; that he/she has observed his conduct during the period so stated and found him/her to be honest, sober and of good character, civil in manner and behavior; that he/she knows nothing to his/her prejudice and recommends him/her to the City Clerk as a fit person to be licensed as a driver of a taxicab.

Signature

\_\_\_\_\_

Residence

\_\_\_\_\_

Business Address

\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public Signature