

## **PROCEDURES FOR FILING FOR A PERMIT TO DRIVE A TAXICAB IN HARFORD COUNTY**

The following items must be presented to the Harford County Department of Inspections, Licenses and Permits located at 220 S. Main Street in Bel Air, Maryland.

- 1. Completed application including Physical Voucher signed by physician or separate signed documentation of physical examination**
  - a. Physical must include drug screening results within 30 days of application date
  - b. Renewals do not require drug screening results (required if permit has expired), but are subject to random drug testing
  
- 2. Two references – page 3 – completed and signed by individual reference**
  
- 3. Copy of current Certified Driving Record from MVA (minimum of 3 years) –within 30 days of application date**
  
- 4. A letter of intended employment from a Harford County Taxicab Company**
  
- 5. A valid Maryland Driver’s License**
  
- 6. Fees:**
  - Driver Permit-----\$25.00
  - Replacement of lost or destroyed permit-----\$ 5.00

**Additionally the applicant must complete the following:**

### **Criminal Background Check/CJIS -**

- a. Applications for criminal background check may be obtained from Harford County Department of Inspections, Licenses and Permits

### **Department of Inspections, Licenses and Permits Hours:**

Monday through Friday from 7:30 AM to 4:00 PM  
410-638-3305 or 410-638-3122

**TAXICAB PERMITS MUST BE RENEWED ANNUALLY**  
SAME PROCEDURE AS ABOVE (refer to 1.b)  
**PERMIT TERM – Permit expires one (1) year from date of issuance**



**HARFORD COUNTY GOVERNMENT**  
 Department of Inspections, Licenses and Permits  
 220 South Main Street  
 Bel Air, Maryland 21014  
 410-638-3305

<b>FOR OFFICE USE ONLY</b>	
Permit No. _____	
Application Date _____	
Expiration Date _____	
License Fee <u>  \$25.00  </u>	
New <input type="checkbox"/> Renewal <input type="checkbox"/>	

**TAXI DRIVER'S PERMIT APPLICATION**

**APPLICANT INFORMATION**

Name: (First) _____			(Middle) _____			(Last) _____		
Address: _____								
City: _____			State: _____			ZIP Code: _____		
E-Mail Address: _____								
If less than 5 years list previous address:								
City: _____			State: _____			ZIP Code: _____		
Phone: _____		Mobile Phone: _____		Place of Birth: _____				
DOB: _____		Weight: _____		Height: _____		Hair color: _____		
Eye color: _____		Race: _____		Age: _____		<input type="checkbox"/> Male		<input type="checkbox"/> Female
Driver's License No.: _____				License restrictions: _____				

**TAXI COMPANY INFORMATION**

Company name: _____			Phone: _____					
Address: _____								
City: _____			State: _____			ZIP Code: _____		
Website: _____								

**PREVIOUS EMPLOYER INFORMATION**

Company Name: _____								
Address: _____								
City: _____			State: _____			ZIP Code: _____		

**FOR OFFICE USE ONLY**

Sheriff's Office Recommendation: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_

If Disapproved – Reason \_\_\_\_\_

\_\_\_\_\_

**Taxi Driver Permit Application**

I, the undersigned, hereby apply for a permit to drive a taxicab in Harford County, Maryland and for this purpose file a photograph and description of myself, and give the following answers to the questions below:

1. Are you addicted to the use of alcohol or other controlled dangerous substance? Yes  No

2. Have you ever filed an application in another jurisdiction for taxicab owners or driver's permit or license? Yes  No

If yes, when and where: \_\_\_\_\_

3. Has any driver's license issued to you ever been suspended or revoked? Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

4. List any physical or mental disability that would in any way interfere with the proper operation and control of motor vehicles: \_\_\_\_\_

\_\_\_\_\_

5. Were you ever convicted of a crime? Yes  No

If yes, give particulars: date, place and nature of conviction (use additional paper if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand Dollars (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both, as defined in Chapter 1, Article 1-22, of the Harford County Code.

In consideration of the granting of this permit, the applicant agrees that he/she will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits, and in accordance with the Harford County Code, Chapter 232, as amended. Your application is subject to a criminal records check and may take several days before issuance of permits. DO NOT DRIVE a cab without a valid Harford County Taxi Driver's Permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PHYSICIAN'S VOUCHER – INCLUDING DRUG SCREEN RESULTS**

This is to certify that I have examined \_\_\_\_\_,  
the applicant named within this application and certify that he/she is of good physique, with good eyesight, good hearing and not subject to epilepsy, vertigo, heart trouble, or any other disabilities of body or mind which render the applicant unfit for the safe operation of a taxicab. Results of a drug screening test from a laboratory certified to engage in testing for CDS by the Maryland Department of Mental Health and Hygiene is hereby attached.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician-Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date of Examination

Taxi Driver Permit Application

REFERENCES

**(CANNOT be a relative or the owner of a taxicab company or another taxicab driver and must have known the applicant for at least one (1) year)**

Reference #1

1. Is the applicant related to you? Yes No Give particulars \_\_\_\_\_

2. Has the applicant ever been your employee? \_\_\_\_\_

3. How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Reference #2

1. Is the applicant related to you? Yes No Give particulars \_\_\_\_\_

2. Has the applicant ever been your employee? \_\_\_\_\_

3. How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code