

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

The following items must be presented to the Department of Inspections, Licenses and Permits

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 (min. 3 year) –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
- b. CJIS background checks– Must call MVA for appointment and fees -410-764-4501 or 1-888-795-0011 (toll free)

Department of Inspections, Licenses and Permits Hours:

Monday – Friday – 8:00 a.m. – 5:00 p.m.
410-638-3305

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



FOR OFFICE USE ONLY	
Permit No.	_____
Application Date	_____
Expiration Date	_____
License Fee	\$25.00
New	_____
Renewal	_____

HARFORD COUNTY GOVERNMENT
 Department of Inspections, Licenses and Permits
 220 South Main Street
 Bel Air, Maryland 21014
 410-638-3366

TAXI DRIVER'S PERMIT APPLICATION

APPLICANT INFORMATION

Name: (First)	(Middle)	(Last)
Address:		
City:	State:	ZIP Code:
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:
Male	Female	<i>(Please circle)</i>
Driver's License No.:	License restrictions:	

TAXI COMPANY INFORMATION

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

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

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