Fee Received:_____

Date Received
By Clerk:_____

Date forwarded
To Police Dept:_____

Borough of Hightstown
County of Mercer, New Jersey

Taxi Driver Application

Fees: $50.00 per year or portion thereof
Term: January 1st – December 31st for the licensing year **2019**

Instructions

This application must be filled out in full and signed by the applicant.

Please type or print clearly all information. Any false statement is sufficient cause for exclusion of the applicant from consideration of licensing. Read each question carefully and answer all that is asked.

DRIVERS: Your application will not be reviewed unless you provide all of the following information:

- Proof of fingerprinting. If you hold a **CURRENT** taxi driver's license in Mercer County a background check can be performed in place of fingerprinting. Please see attached information. If you do not hold a **CURRENT** taxi driver's license in Mercer County **FINGERPRINTING MUST** be done. Fingerprints are taken by appointment only which must be made on-line (see form enclosed).
- The recommendations of three reputable citizens,
- a valid New Jersey Driver's License,
- a certified Driver Abstract from the NJ Motor Vehicle Commission
- proof of citizenship or legal resident status, and
- Completed Medical Examination Report for Taxicab/Limo/Medical Driver Fitness Determination Form (form attached) **This is the form that must be completed**.

Upon completing this application, take it to a notary public and all applicants must sign the application in the presence of the notary testifying that the statements on the application are true to the best of your knowledge.

Approval of all applicants is subject to review by the Borough of Hightstown Police Department.

THERE MAY BE AMENDMENTS TO THE CURRENT TAXI ORDINANCE THAT YOU WILL HAVE TO FOLLOW IN ORDER TO KEEP YOUR APPROVED LICENSE.

SIGN HERE TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS

Applicant:_____

Please be advised that the attached applicant has been fingerprinted and has been cleared with the New Jersey State Bureau of Identification. I have examined the foregoing application and find no police record.

Police Department:_____

DRIVERS INFORMATION – Print or Type all Information

Name:_____
(Last) (First) (Middle)

Address:_____
(Street) (City) (State, Zip)

Home Phone Number:_____ Daytime Phone Number:_____

Date of Birth:_____ Place of Birth:_____

Sex:_____ Height:_____ Weight:_____ Eye Color:_____ Hair Color:_____

SS#_____ DL#_____

1. Has your driver license and/or registration ever been suspended or revoked in this state or any other?
   Yes ☐ No ☐ If yes, why?_____
   _____
   _____
   _____

2. Do you have any criminal charges of any sort, pending against you? Yes ☐ No ☐ If yes what are the charges_____
   _____
   _____
   _____

3. Have you ever been convicted of a crime? Yes ☐ No ☐ If so give date, place and nature of the charges and their disposition?_____
   _____
   _____
   _____

4. Are you currently serving any sentence including probation? Yes ☐ No☐ if so for how long?_
   _____

5. Do you currently suffer from any mental condition, physical impairment or sickness that may affect your ability to operate a motor vehicle safely? Yes ☐ No☐ if yes, what?_____

6. Have you ever been hospitalized, treated or observed by a doctor or psychiatrist for a mental condition? Yes ☐ No☐

7. Do you have a chemical or alcoholic dependency? Yes ☐ No☐

8. If yes, are you currently being treated for your chemical or alcohol dependency? Yes ☐ No☐

9. Do you presently own or have you ever owned your own company? Yes ☐ No☐ If so, give company name, address and date._____

_____

_____

_____

NOTICE TO ALL PERSONS SIGNING THIS FORM:
The Borough of Hightstown reserves the right to prosecute any false statement made on this form to the fullest extent of the law against the signer(s).

Be on notice that any person who includes false statement in this form (whether by omitting requested information, or by including information that is false), and then signs the form, will be subject to punishment. Pursuant to N.J.S.A. 2C:28-3(a), it is a crime of the fourth degree to make a false written statement on this form which the signer does not believe to be true. Pursuant to N.J.S.A. 2C:28-2(a), it is a crime of the fourth degree to make a false statement under oath or equivalent affirmation.

By my signature below, I hereby swear and affirm that:

- I am at least twenty-one (21) years of age.
- I am (check one) ☐ a United States citizen or ☐ a legal resident alien.
  If a resident alien, a copy of the alien registration card or work permit must be submitted with this application.
- I possess a current and valid New Jersey driver's license.
  A copy of your NJ Driver's License must be submitted with this application.
- I am not addicted to the use of narcotics or intoxicating liquors.
- I am able to read, speak and understand the English language.
- I have not been convicted of any crime involving moral turpitude.
- I have taken the time to study state and local motor vehicle laws, rules, and regulations. I have also made sure that I am fully informed of the geography of the Borough of Hightstown, Mercer County, and key locations (such as airports and train stations) in the State of New Jersey.
- I have not been convicted, within the three years prior to the date of the application, of reckless driving, driving while intoxicated, leaving the scene of an accident or driving more than 30 miles an hour above the speed limit.
- At the time of this application, I have no more than eight (8) New Jersey State Division of Motor Vehicle points on my driving record, or the equivalent if licensed in any other state.

I agree that I will inform the Borough of Hightstown in writing WITHIN THREE DAYS of any change in, or addition to, the information set forth above.

I am the applicant named above; that the questions are answered by me and that the statements of facts contained in the forgoing application are true to the best of my knowledge, information and belief.

_____
Signature of Applicant

State of New Jersey ss

County of _____

Subscribed before me on this _____day of_____, 20_____

_____
Notary Signature

Fingerprinting and Background Checks

Fingerprinting

If you do not hold a **CURRENT** Taxi Driver's License in Mercer County **YOU MUST** be fingerprinted now. Please see the attached New Jersey Universal Fingerprint Form for instructions. This is done by appointment only which must be done on-line. Please include the fingerprint form and a copy of your receipt with your application.

Background Check

If you hold a CURRENT Taxi Driver's License for any municipality in Mercer County, only a background check needs to be performed. Please follow the instructions below for a **background check only**:

- Log on the https://www.njportal.com/njsp/criminalrecords and click on the ON LINE FORM 212A (a highlighted block located on the lower left side of the page)

- You **MUST** use ORI # **NJ0110400** in order for your report to be delivered to the Hightstown Police Department. If the Hightstown Police Department does not receive your report, your license will not be issued.

- You will follow the prompts for demographic and payment information.

- Upon completion of the form, you will receive an email Confirmation & Receipt that will include a confirmation number. Please include this with your application.

- Your request will then be forwarded to the Police Department for approval and submission to the NJ State Police for processing.

IdentoGO
By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #)	(2) Category	(3) Statute Number	
NJ0110400	LOX	13:59-1	
(4) Reason for Fingerprinting		(5) Document Type	(6) Payment Information
LOCAL ORDINANCE		S1	$40.69
(7) Contributor's Case # (Unique Identifier)		(8) Miscellaneous	
TAXI			

(9) First Name	(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -	(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name	(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	

(20) Home Address

Address City State Zip

(21) Gender (Select one)	(22) Hair Color	(23) Eye Color	(24) Race (Select One)
[ ] Female [ ] Male [ ] Both			[A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown

(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) Employer Address City State Zip

Identification Requirement - *Acceptable Identification must be presented at the time of printing.* Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. ***PLEASE PRINT LEGIBLY****. It is* ***required*** *that you* ***present*** *this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.*

Appointment Scheduling:

Scheduling is available anytime at **www.bioapplicant.com/nj**. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of $10.00 plus tax ($10.69) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a $10.00 plus tax ($10.69) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: HIGHTSTOWN PD		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

MEDICAL EXAMINATION REPORT FOR TAXICAB/LIMO/MEDICAL DRIVER FITNESS DETERMINATION

Driver's Name (First, Last, Middle)	Social Security No.	Birthdates M/D/Y	Age	Sex _ M _ F	_ New Certification _ Recertification _ Follow-up	Date of Exam

Address	City, State, Zip Code	Work Tel: Home Tel:	Driver License No.	License Class _A _C _B _D _Other	State of Issue

Do you now or have you ever had:

Yes	No	
__	__	Any illness or injury in the last 5 years?
__	__	Head/brain injuries, disorders or illnesses?
__	__	Seizures, epilepsy? List medication(s) _____
__	__	Eye disorders or impaired vision (except corrective lenses)?
__	__	Ear disorders, loss of hearing or balance?
__	__	Heart disease or heart attack: other cardiovascular condition? List medication(s) _____
__	__	Heart surgery (valve replacement, angioplasty, pacemaker)?
__	__	High blood pressure? List medication(s) _____
__	__	Muscular disease?
__	__	Shortness of breath?
__	__	Lung disease, emphysema, asthma, chronic bronchitis?
__	__	Kidney disease, dialysis?
__	__	Liver disease?
__	__	Digestive problems?
__	__	Diabetes or elevated blood sugar controlled by: __ diet __ pills __ insulin

List medication(s) _____

Do you now or have you ever had:

Yes	No	
__	__	Nervous or psychiatric disorders such as severe depression? List medication(s) _____
__	__	Loss or alteration of consciousness?
__	__	Fainting or dizziness?
__	__	Sleep disorders, pauses in breathing while asleep, day time sleepiness, loud snoring?
__	__	Stroke or paralysis?
__	__	Missing or impaired hand, arm, foot, leg, finger, toe?
__	__	Spinal injury or disease?
__	__	Chronic low back pain?
__	__	Regular, frequent alcohol use?
__	__	Narcotic or habit forming drug use?
__	__	Tobacco product use? How much? _____

For any yes answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over the counter medications) used regularly or recently.

I certify the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and Medical Examiner's Certificate.

Driver's signature _____ **Date** _____

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet a denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical Readings must be provided

ACUITY	*UNCORRECTED*	*CORRECTED*	*HORIZONTAL FIELD OF VISION*
R EYE	_____	_____	_____
L EYE	_____	_____	_____
BOTH EYES	_____	_____	_____

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors? __ Yes __ No
Monocular Vision? __ Yes __ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date	Name of ophthalmologist or optometrist (print)	Signature	License # /State of issue	Telephone

Meets Standard? ___ Yes ___ No **Applicant meets visual acuity requirement only when wearing corrective lenses? __ Yes __ No**

SECTION 4 - HEARING

Standard: Must first perceive forced whispered voice greater than or equal to 5' with or without hearing aid, or b) average hearing loss in better ear less than or equal to 40 dB.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded

Record distance form individual at which forced whispered voice can first be heard. Right ear ____ feet Left ear ____ feet

Hearing aid used for test? ___ Yes ___ No

If audiometer is used, record hearing loss in decibels according to ANSI ZZ24.5-1951. R ear ___ 500Hz ___ 1000 Hz ___ 2000 Hz ____Average

L ear ___ 500Hz ___ 1000 Hz ___ 2000 Hz ____Average

Meets standard? ___ Yes ____ No **Hearing aid required to meet standard?** ___ Yes ___ No

SECTION 5 - BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded.

Blood Pressure ___ systolic ___ diastolic Pulse rate _____ Beats per minute ____ Regular ____ Irregular Pulse rate after exercise _____

Driver qualified if less than or equal to 160/90 on initial exam.

Meets Standard? ___ Yes ___ No

SECTION 7 - PHYSICAL EXAMINATION

Height _____ Inches_____ Weight _____ Pounds

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

BODY SYSTEM	CHECK FOR:	YES (abnl)	NO (nl)
General appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		
Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.		
Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		
Mouth and throat	Irremediable deformities likely to interfere with breathing or swallowing.		
Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		
Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		
Abdomen and viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
Genitourinary system	Hernias.		
Extremities - Limbs impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		
Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia		

	YES	NO
1) Established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control?	___	___
2) Current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure?	___	___
3) Established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely?	___	___
4) Current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely?	___	___
5) Established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with ability to control and operate a commercial motor vehicle safely?	___	___
6) Established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle?	___	___
7) Mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely?	___	___
8) Current clinical diagnosis of alcoholism?	___	___
9) Use of a controlled substance identified in 21 CFR 1308.11 Schedule 1, an amphetamine, a narcotic, or any habit forming drug?	___	___

COMMENTS:

NOTE CERTIFICATION STATUS HERE

___ Is qualified to drive a Taxicab and/or a Limousine
___ Does not meet standards to drive a taxicab
___ Qualified only when wearing corrective lenses
___ Qualified only when wearing hearing aid

Medical Examiner's Signature _____

Medical Examiner's name (print) _____

Date of Examination_____

Address _____

Telephone Number _____