



**TOWN OF ISLIP  
OFFICE OF THE TOWN CLERK**

**LINDA D. VAVRICKA**  
TOWN CLERK & REGISTRAR

**Taxicab Driver's License Application**

**Applicant must provide a current New York State Chauffeur's License and original Social Security Card, and an Alien Registration Card if applicable.**

Applicant must submit \$100.00 Cash/Check/Money Order at the time of application for Fingerprinting plus a \$25.00 Application Fee and a \$10.00 Photo Fee. Fingerprinting will be done at Long Island Mac Arthur Airport and is needed every three (3) years. License year is June 1<sup>st</sup> thru May 31<sup>st</sup>.

**Please Print**

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (Town)

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

U.S. Citizen: YES ☐ NO ☐

If not a U.S. Citizen, do you have documentation of your Alien Registration Number? YES ☐ NO ☐

Place of Birth: \_\_\_\_\_ Married: YES ☐ NO ☐

Place of Employment: \_\_\_\_\_

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

Present Taxi License Number (if applicable): \_\_\_\_\_

Has your license to drive a vehicle ever been revoked? YES ☐ NO ☐

If yes, for what reason? \_\_\_\_\_

Current New York State Chauffeur's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class #: \_\_\_\_\_ Date last fingerprinted for taxi driver's license: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT HEREIN SHALL BE COMMITTING THE SPEARATE CRIME OF PERJURY. IN ADDITION TO CRIMINAL PROSECUTION THE DISCOVERY OF ANY FALSE STATEMENTS HEREIN WILL RESULT IN THE IMMEDIATE REVOCATION OF THE PERSON'S TAXICAB DRIVER'S LICENSE.

-----X

In Matter of the Taxicab Driver's License of

**AFFIDAVIT**

-----X

State of New York)

: ss:

County of Suffolk)

\_\_\_\_\_, being duly sworn deposes and says:

PRINT NAME

1. Your deponent is an applicant for a taxicab driver's license from the Town of Islip;
2. Your deponent swears, under oath, to the truth of the statements contained in this affidavit;
3. Your deponent makes this affidavit before an officer empowered to administer an oath; such as a notary public;
4. Your deponent states that your deponent has not been charged with, nor convicted of, any crime at any time prior to the making of this affidavit, except for the charges and convictions specified below. You are not eligible for a license if you have been convicted of a crime five (5) years or less from date of application.
5. Your deponent is aware that your deponent has a duty to notify the Town Clerk within twenty-four (24) hours of your deponent being charged with, or convicted of any crime.

**(CROSS OUT BELOW IF INAPPLICABLE)**

PLACE AND DATE OF CHARGE	CRIMINAL CONVICTION	DATE OF CONVICTION	SENTENCE IMPOSED

If license is denied, fees are NON-REFUNDABLE.

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

Rec. # \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Sworn to before me this      Day of      20

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