



ACTING CHIEF OF POLICE
KEVIN JUNJULAS

CITY OF BEACON

POLICE DEPARTMENT

1 MUNICIPAL PLAZA, SUITE 3

BEACON, NEW YORK 12508

(845) 831-4111

Fax: (845) 838-5092



APPLICATION FOR TAXICAB DRIVER'S LICENSE

City of Beacon
County of Dutchess
State of New York

PHOTO

No: _____

Please print all information.

Name: _____

Maiden Name: _____

Address: _____

Date of Birth: ___/___/___ Location: _____

New York State Class E Chauffeur's License # _____

Has your chauffeur's license ever been suspended or revoked? _____

When and Why: _____

Have you ever been convicted of a felony, misdemeanor or traffic infraction? _____

If so, when and why: _____

I certify that to the best of my knowledge I am:

- In good health, sound physique with good eyesight and not subject to epilepsy, vertigo, heart trouble or any other infirmity of body or mind which might render me unfit for the safe operation of a taxicab.
- Able to read and write the English language.
- Clean in dress and person and not addicted to the use of intoxicating liquors or drugs.

As requested, I have attached the following:

- Two (2) un-mounted, measuring 2x2 inches, un-retouched photographs of applicant, taken within the last 30 (thirty) days of the date of the applicant's submission.
- Results from the drug screening test, performed within the last 10 (ten) days of the date of this submission. (Each applicant shall submit the results of a drug screening test from a laboratory certified to perform toxicology tests and certify the results thereof by the New York state Department of Health and which performs drug abuse testing, indicating the applicant does not use amphetamines, barbiturates, benzodiazepines, benzoylecgonine, ethanol, fentanyl, methadone, opiates, phencyclidine, propoxyphene, THC cannabinoids and tricyclic antidepressants, unless prescribed by a licensed health-care provider. The applicant shall be responsible for all costs associated with the test required for application and renewal, including but not limited to all costs associated with such testing, as may be required by the Chief of Police.)
- Copy of NYS Driver's License.
- All applicants must be fingerprinted by a facility approved by the Chief of Police. Applicants are responsible for the submission of fingerprints to the Division of Criminal Justice Services for a criminal background investigation, and the results must be provided to the Chief of Police.
- Statewide Vendor Managed Civil Fingerprint Capture System, 4 Canon Street, Poughkeepsie, NY 12601 Telephone # 877-472-6915, ORI #14zs7v.
- The applicant shall be responsible for the cost of fingerprinting and drug testing.

At present, I intend to drive for _____,

Located at _____.

My home phone number is _____, my business
phone number is _____.

Signature of Applicant

Date

Approved: _____

Denied: _____

Kevin Junjulas, Chief of Police