



TO: ALL LIMO DRIVERS  
FROM: CENTRAL LICENSE BUREAU/CITY OF ELIZABETH  
RE: ISSUANCE OF LIMO LICENSES FOR DRIVERS

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PLEASE BE ADVISED THAT EFFECTIVE JANUARY 1, 2004, ALL LIMO DRIVERS WILL BE REQUIRED TO BE LICENSED BY THE CITY OF ELIZABETH CENTRAL LICENSE BUREAU. PLEASE FOLLOW THE INSTRUCTIONS BELOW FOR THE LICENSE:

1. PICK UP APPLICATION FROM CENTRAL LICENSE BUREAU.
2. COMPLETE APPLICATION.
3. APPLICATION MUST BE NOTARIZED.
4. DOCTOR'S CERTIFICATE MUST HAVE A SIGNATURE AND DOCTOR'S STAMP.
5. ATTACHED DRIVER HISTORY ABSTRACT REQUEST MUST BE COMPLETED BY DIVISION OF MOTOR VEHICLE.
6. GO TO THE ELIZABETH POLICE DEPARTMENT MONDAY THROUGH FRIDAY WITH YOUR COMPLETED APPLICATION AND \$10.00 (CASH OR MONEY ORDER) FOR YOUR LOCAL POLICE RECORD CHECK. THE ELIZABETH POLICE DEPARTMENT WILL ISSUE TO YOU A FORM AS YOU MUST SCHEDULE YOUR OWN APPOINTMENT TO BE FINGERPRINTED WITH MORPHO TRAK.

NEW APPLICANT: USE THE ATTACHED NJ Universal Fingerprint Form (LAST PAGE OF THIS PACKAGE).

RENEWAL APPLICANT: USE FINGERPRINT FORM PROVIDED BY ELIZABETH POLICE DEPARTMENT.

7. FINGERPRINTING FOR LIMOUSINE DRIVER EMPLOYMENT MUST ALSO BE INITIATED BY YOUR EMPLOYER, UNLESS YOU ARE RENEWING YOUR LIMO LICENSE AND YOU ARE CURRENTLY EMPLOYED BY THE SAME LIMOUSINE COMPANY.

LICENSES WILL BE READY FOR PICK UP IN APPROXIMATELY FOUR TO SIX WEEKS.

AFTER APPLICATION IS COMPLETED, LEAVE APPLICATION  
AT THE ELIZABETH POLICE DEPARTMENT.

NO ONE WILL RECEIVE A LICENSE WITHOUT THEIR FINGERPRINTS, RECORD CHECK, AND  
DRIVER'S ABSTRACT.

**LIMO LICENSE:**

\$90.00 CASH (OR MONEY ORDER, MADE PAYABLE TO "CITY OF ELIZABETH")

ALSO REQUIRED: SOCIAL SECURITY CARD

PROOF OF CITIZENSHIP

PROMISE OF EMPLOYMENT LETTER

PROOF OF INSURANCE COVERAGE WITH EMPLOYER

# LIMOUSINE DRIVER'S LICENSE APPLICATION

License No.

(official use only)

For the purpose of this application, the definitions listed in N.J.S.A. 48:16-13, et seq. and Chapter 90 of the Code of the City of Elizabeth will prevail.

Fee amount: \_\_\_\_\_ Cash \_\_\_\_\_ Check (Check # \_\_\_\_\_) Money Order \_\_\_\_\_

## PLEASE PRINT OR TYPE

1. DATE: \_\_\_\_\_
2. NAME: \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
4. HOW LONG HAVE YOU RESIDED AT THIS ADDRESS: \_\_\_\_\_
5. HOME PHONE NUMBER: \_\_\_\_\_
6. MOBILE PHONE NUMBER: \_\_\_\_\_
7. SOCIAL SECURITY NUMBER AND/OR RESIDENT ALIEN NUMBER: \_\_\_\_\_
8. DATE OF BIRTH: \_\_\_\_\_
9. COUNTRY OF CITIZENSHIP: \_\_\_\_\_
10. CONTACT PERSON IN COUNTRY OF CITIZENSHIP: \_\_\_\_\_
11. PHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_
12. DRIVER'S LICENSE NUMBER: \_\_\_\_\_

13. COMPANY YOU CURRENTLY DRIVE FOR:

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14. HOW MANY YEARS HAVE YOU DRIVEN FOR CURRENT COMPANY:

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15. PLEASE LIST THE TOTAL NUMBER OF YEARS YOU HAVE DRIVEN A LIMOUSINE, WHERE YOU HAVE DRIVEN, AND FOR WHOM YOU HAVE BEEN EMPLOYED FOR EVERY YEAR YOU HAVE BEEN A LIMOUSINE DRIVER FOR A COMPANY WHOSE PRINCIPAL PLACE OF BUSINESS IS IN THE CITY OF ELIZABETH.

Total # of Years  
Worked

Company Name

Total # of Years Worked	<u>Company Name</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

16. DO YOU, INDIVIDUALLY, OR AS A MEMBER OF A CORPORATION, ENTITY OR PARTNERSHIP, OWN A LIMOUSINE PERMIT? (Please list Permit #'s, Years owned, and Name of Permit Owner for each year.)

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17. HAVE YOU BEEN CONVICTED FOR VIOLATION OF ANY LAW? IF YES, PROVIDE DETAILS (USE BACK OF APPLICATION IF MORE SPACE NEEDED):

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18. HAS YOUR NEW JERSEY'S DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED. IF YES, PROVIDE DETAILS (USE BACK OF APPLICATION IF MORE SPACE NEEDED):

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19. ARE YOU NOW, OR HAVE YOU EVER BEEN ADDICTED TO NARCOTICS OR ALCOHOL?:

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20. WERE YOU PREVIOUSLY LICENSED AS A LIMOUSINE DRIVER IN THE CITY OF ELIZABETH? (If so, for what years):

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PERSONAL REFERENCES (No relatives)  
(Provide Name, Address, City/State, and Telephone #)

NAME	ADDRESS	CITY/STATE	TELEPHONE#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, \_\_\_\_\_ certify that the foregoing statements made by me in this application are true. I am aware that if any of the foregoing statements made by me are willfully false, this application will be invalidated. I will lose my right to obtain a limousine drivers license and I am subject to punishment under law.

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

Sworn and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_

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



**CITY OF ELIZABETH, NEW JERSEY**

**DEPARTMENT OF ADMINISTRATION  
CENTRAL LICENSE BUREAU**  
50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462  
Phone: (908) 820-4178  
Fax: (908) 820-0369

**BRIDGET S. ANDERSON**  
Business Administrator

**CLARA GOODRIDGE**  
Chief License Inspector

**J. CHRISTIAN BOLLWAGE**  
Mayor

**LIMOUSINE DRIVER MEDICAL EXAMINATION**

*This is to certify that I have examined:*

\_\_\_\_\_

an applicant for a limousine driver's license and find that he or she is of sound physique with good eyesight and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render him or her unfit for the safe operation of a limousine except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Date of Examination:*

\_\_\_\_\_

*Physician's Signature:*

\_\_\_\_\_

*Physician's Stamp:  
(Form must be stamped in space provided)*

\_\_\_\_\_

**APPLICATION FOR DRIVER HISTORY ABSTRACT**

**SECTION C – PURPOSE FOR THE REQUEST (required ONLY when requesting another's record)**

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS . THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

- For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a federal, State or local agency in carrying out its functions.
- For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.
- For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;
  1. to verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
  2. if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, State or local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, State or local court.
- For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.
- For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- For use in providing notice to the owners of towed or impounded vehicles.
- For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act, " 49 U.S.C. App. §2710 et seq.
- For use in connection with the operation of private toll transportation facilities.
- For use by any requestor, if the requestor demonstrates it has obtained the notarized written consent of the individual to whom the information pertains.
- For use by an organ procurement organization designated pursuant to 42 U.S.C. §1320b-8 to serve in the State of New Jersey, or any donor registry established by any such organization, exclusively for the purposes of determining, verifying, and recording organ and tissue donor designation and identity.

(Please explain in detail your reason for requesting the information and how you plan to use it.)

Explanation of reason:

**APPLICATION FOR DRIVER HISTORY ABSTRACT**

**SECTION C (continued)**

If involving a lawsuit, please state the type of lawsuit and your relationship to the case:

**SECTION D - TERMS AND CONDITIONS**

The disclosure and use of the personal information contained in the record you have requested is governed by the "New Jersey Drivers' Privacy Protection Act" ("NJDPAA"), N.J.S.A. 39:2-3.3 et seq. The NJDPAA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

*"Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.*

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. ("NJDPAA") and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPAA.

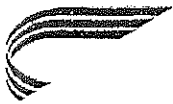
I agree to hold the New Jersey Motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another's record, I certify that:

- 1) Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
- 2) The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
- 3) The information provided by the NJMVC will not be used to conduct surveillance or to investigate or locate an individual for reasons not specifically related to motor vehicle activity, including but not limited to, divorce disputes and matchmaking services;
- 4) In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and federal laws that require notification of individuals in the event of unauthorized release of Personal Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only - signature stamps are unacceptable)

Date



**New Jersey  
Motor Vehicle Commission**

CDL Unit  
Tel 609-292-7500 ext. 5077  
Fax 609-984-1245

**LIMOUSINE DRIVER or RENTAL CAR CHAUFFEUR EMPLOYER  
CERTIFICATION APPLICATION**

Company Name: (please print)			Company FEIN / TIN Number:		
Company Mailing Address: Street/PO Box:			City:	State:	Zip Code:
Contact Person: Last	First	Middle Initial	Telephone Number: ( ) -		Company Email Address:
Applicant Name:			Driver License Number:		State:
Applicant Mailing Address: Street/PO Box:			City:	State:	Zip Code:
Social Security Number:	Date Application Sent:		Does Applicant Currently Hold a CDL with Passenger (P) Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>For Official Use Only Do Not Write Below</b>					
Date Application Received	Date Record Created		Date Notice Sent		
P Endorsement	Qualified		Disqualified		
Comments					

**Please mail completed form to:**  
Motor Vehicle Commission  
CDL Unit  
PO Box 685  
Trenton, NJ 08666-0685





By MorphoTrust USA

# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ920530Z</b>		(2) Category <b>MVK</b>	(3) Statute Number <b>48:16-22.3A</b>		
(4) Reason for Fingerprinting <b>LIMOUSINE OPERATOR/DRIVER EMPLOY</b>			(5) Document Type RS1 <b>RS1</b>	(6) Payment Information <b>\$50.70</b>	
(7) Contributor's Case # (PRINT D.L. NUMBER ON DOTTED LINE) -----			(8) Miscellaneous		
(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address		State	Zip
<b>Identification Requirement</b> - Identification must be presented at the <u>time of printing</u> . 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 and is 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**

and 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** 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](http://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, 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 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; 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 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:		

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**

IDG\_NJAPP\_020115\_V2