



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

ALL AUTOBUS DRIVERS WILL BE REQUIRED TO BE LICENSED BY THE CITY OF ELIZABETH CENTRAL LICENSE BUREAU. PLEASE FOLLOW THE INSTRUCTIONS LISTED BELOW:

- 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. THIS FEE IS \$41.00.**
- 7. ALL AUTOBUS DRIVERS MUST HAVE A CURRENT CDL LICENSE ISSUED BY THE DEPARTMENT OF MOTOR VEHICLES IN ORDER TO OPERATE AN AUTOBUS.**

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.

AUTOBUS 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 FROM OWNER

PROOF OF INSURANCE COVERAGE WITH EMPLOYER

AUTOBUS DRIVER'S LICENSE APPLICATION

License No.
(Official Use Only)

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. TELEPHONE NUMBER OF CONTACT PERSON: _____
12. DRIVER'S LICENSE NUMBER: _____

13. COMPANY YOU CURRENTLY DRIVE FOR:

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

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

Total Number of Years Worked

Company Name

16. DO YOU, INDIVIDUALLY OR AS A MEMBER OF A CORPORATION, ENTITY OR PARTNERSHIP, OWN AN AUTOBUS PERMIT? (PLEASE LIST PERMIT#'S, YEARS OWNED, AND NAME OF PERMIT OWNER FOR EACH YEAR):

17. HAVE YOU BEEN CONVICTED FOR VIOLATION OF ANY LAW? IF YES, PROVIDE DETAILS ON BACK OF APPLICATION: YES _____ NO _____

18. HAS YOUR NEW JERSEY DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? IF YES, PROVIDE DETAILS ON BACK OF APPLICATION: YES _____ NO _____

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

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

PERSONAL REFERENCES (No relatives)

NAME	ADDRESS	CITY	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 an autobus driver's license, and I am subject to punishment under law.

Signature of Applicant

Sworn and subscribed to before me

This _____ day of _____, 20 _____

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. ZELLNER
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

AUTOBUS DRIVER MEDICAL EXAMINATION

This is to certify that I have examined:

An applicant for an Autobus 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 operating of an Autobus, except as follows:

Date of Examination:

Physician's Signature:

PHYSICIAN'S STAMP
(Form must be stamped in space provided)