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

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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.

<table>
<thead>
<tr>
<th>AUTOBUS LICENSE:</th>
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<tr>
<td>$90.00 CASH (OR MONEY ORDER, MADE PAYABLE TO &quot;CITY OF ELIZABETH&quot;)</td>
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<tr>
<td>ALSO REQUIRED: SOCIAL SECURITY CARD</td>
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<tr>
<td>PROOF OF CITIZENSHIP</td>
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<tr>
<td>PROMISE OF EMPLOYMENT LETTER FROM OWNER</td>
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<td>PROOF OF INSURANCE COVERAGE WITH EMPLOYER</td>
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**AUTOBUS DRIVER'S LICENSE APPLICATION**

<table>
<thead>
<tr>
<th>Fee amount:</th>
<th>Cash</th>
<th>Check (Check #)</th>
<th>Money Order</th>
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**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:

<table>
<thead>
<tr>
<th>Total Number of Years Worked</th>
<th>Company Name</th>
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<td>____________________________</td>
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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)

<table>
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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>TELEPHONE#</th>
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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
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)