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PUBLIC SERVICE COMMISSION

TRANSPORTATION DIVISION

PUBLIC SERVICE COMMISSION FOR-HIRE DRIVER'S LICENSE APPLICATION CHECKLIST

Please use this checklist as a guide when you prepare your application for submission to the Transportation Division.

- _____ I have completely answered all questions on the application paying special attention to the criminal conviction section and making sure to note all criminal convictions in any State during my lifetime.
- _____ I have signed the application (an original signature is required).
- _____ My application is signed (an original signature, not copied or rubber stamped, is required) by a representative of the Taxicab Association or the authorized For-Hire transportation company for which I will drive and includes the **name** of the Taxicab Association or the authorized For-Hire transportation company and their **PSC Carrier Number**.
- _____ I have attached a current (issued by MVA within the last 30 days) **complete, certified** driving record. **A 36-month, non-certified record is not acceptable.**
- _____ My address on the application matches the address on the driving record, or I have attached a current MVA address correction card issued on or after the date of my MVA driving record.
- _____ I have attached a current (issued by MVA within the last 30 days) **complete, certified** driving record from **each State** that I have held a driver's license in during the past 10 years.
- _____ I have attached a copy of my current MVA driver's license and a copy of my Social Security Card. I will bring my original driver's license and Social Security Card to the Transportation Division office when requested.
- _____ If I am not a U.S. citizen, I will bring my original employment authorization from INS to the Transportation Division office when requested and am attaching a copy to the application.
- _____ If I am a naturalized U.S. citizen (born outside the U.S.), I will bring my original Certificate of Naturalization or my U.S. passport to the Transportation Division office when requested and am attaching a copy to the application.
- _____ I have attached the receipt from fingerprinting. (Note: fingerprinting is to be completed (using the Livescan Fingerprint Form provided by the Transportation Division) at the Criminal Justice Information System (CJIS) located at 6776 Reisterstown Road in Baltimore. The cost for the FBI and State background check is \$54.50, cash is not accepted).

I understand that I should retain a copy of all documents submitted to the Transportation Division for my records.

NO COPIES WILL BE MADE AT THE PSC TRANSPORTATION DIVISION OFFICE. INCOMPLETE APPLICATIONS (WHICH INCLUDES THE ITEMS LISTED ABOVE) WILL BE RETURNED WITHOUT BEING REVIEWED OR PROCESSED.

WILLIAM DONALD SCHAEFER TOWER • 6 ST. PAUL STREET • BALTIMORE, MARYLAND 21202-6806

410-767-8128

Toll Free: 1-800-492-0474

FAX: 410-333-6088

MDRS: 1-800-735-2258 (TTY/Voice)

Website: www.psc.state.md.us

MARYLAND PUBLIC SERVICE COMMISSION APPLICATION FOR A FOR-HIRE DRIVER'S LICENSE

PASSENGER-FOR-HIRE BALTIMORE CITY TAXICAB HAGERSTOWN TAXICAB CUMBERLAND TAXICAB

Do Not Write In This Block

Approved _____ Denied _____ By _____ Date _____ Sup. Review _____ Date _____
Temporary License No. _____ Date Issued _____ By _____
Three-year License No. _____ Date Issued _____ By _____
Date Photographed _____ By _____ I received a copy of the Commission's statute and/or regulations _____

**NOTE: INCOMPLETE APPLICATIONS
WILL BE RETURNED
WITHOUT BEING REVIEWED
OR PROCESSED.**

Name: _____
(Last) (First) (Middle) (Maiden)

Prior Name (if applicable): _____ Reason for name change: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Telephone No.: _____

Date of Birth: _____ Country of Birth: _____ City of Birth: _____

Social Security No. (Required under Family Law Article §10-119.3 of MD Annotated Code): _____

Hair Color: _____ Eye Color: _____ Email Address: _____

U.S. Citizen? Yes ___ No ___ If not, Alien # issued by U.S. Immigration & Naturalization Service: A- _____

If not U.S. citizen, check current status: Permanent Resident Employment Authorized Expiration Date: _____

Current Driver's License: State: _____ Class: _____ No.: _____ Expiration Date: _____

Have you ever held a driver's license in another state? Yes ___ No ___ If yes, when and where? _____

Have you ever held a Taxicab or Passenger For-Hire Driver's License? Yes ___ No ___ If yes, when and where? _____

Has your Taxicab or Passenger-For-Hire Driver's License ever been suspended or revoked? Yes ___ No ___

Are you a taxicab permit holder? Yes ___ No ___ Are you a PSC-authorized passenger carrier? Yes ___ No ___

Have you ever been convicted of ANY criminal violations of law, in any State, including felonies or misdemeanors?
Yes ___ No ___

Have you ever been convicted of ANY traffic violations of law, in any State, including alcohol related suspensions, driving under the influence of alcohol or driving while impaired by alcohol, drugs or controlled dangerous substances?
Yes ___ No ___

Note: Conviction is intended to encompass all instances where a civil or criminal penalty was imposed, including a jail sentence, fine, house arrest, probation, restitution, community service, etc. Give date(s), place(s), charge(s) and disposition(s) of each criminal and traffic case. (Use back of page if additional space is needed) _____

The Maryland Public Service Commission requires for-hire drivers under its authority to adhere to the Commission's statute and regulations. (See Title 10 of the Public Utilities Article, Annotated Code of Maryland, and, for taxicab drivers, Title 20, Subtitle 90.01 of the Code of Maryland Regulations.) The statute and regulations are available on the Commission's website at <http://www.psc.state.md.us>.

I hereby authorize the Public Service Commission to investigate, at any time, my driving record, criminal and medical background and immigration status.

This investigation may involve any appropriate government agency or private institution.

I understand that I may be required to appear for a personal interview at the time of application or at any time during the licensing period.

I understand that suspension or revocation of my driver's license, subsequent criminal convictions, or expiration of employment authorization from the Immigration and Naturalization Service may result in immediate suspension or revocation of my For-Hire Driver's License.

I hereby agree to notify the Public Service Commission of any change in information contained in this application within 72 hours.

I hereby agree to comply with all city, state and federal ordinances and statutes and the regulations of the Public Service Commission.

I hereby certify that the statements made in this application are true, correct, and complete.

I hereby certify that, if I am applying for a Baltimore City taxicab driver's license, I have successfully completed or intend to successfully complete a course in courtesy, geography, map reading and tourist information, as required by PUA 10-104(d) of the Maryland Annotated Code. I understand that my failure to complete this course will result in denial of a Baltimore City taxicab driver's license.

I, the undersigned, hereby certify, under penalty of perjury, that I have read and fully comprehend this form in its entirety and that the information provided is true and complete to the best of my knowledge and belief.

APPLICANT'S SIGNATURE: _____ **Date:** _____

Taxicab Association: _____ Signature of Association Official: _____

For-Hire Carrier & PSC No.: _____ Signature of Company Official: _____

NOTE: FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL, SUSPENSION OR REVOCATION OF LICENSE

FINGERPRINTING SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEM (CJIS)

Location: 6776 Reisterstown Road (West side of Reisterstown Road Plaza Mall)
Suite 102 (first floor)
Baltimore, MD 21215
For directions, go to <http://www.mapquest.com>

Phone: 410-764-4501 OR 1-888-795-0011 (toll free)

Hours of Operation: Monday, Tuesday, Wednesday, Friday 8:30am-5:00pm
Thursday 8:30am-6:30pm
1st and 3rd Saturday of each month 8:30am-4:30pm
Closed on designated State holidays.

The following locations are available by appointment only:

Call for an appointment: 410-764-4501 or 1-888-795-0011 (toll free)

Motor Vehicle Administration – Bel Air
501 West MacPhail Road
Bel Air, MD 21014

Motor Vehicle Administration - Frederick
1601 Bowman's Farm Road
Frederick, MD 21701

Motor Vehicle Administration - Glen Burnie
6601 Ritchie Hwy, N.E.
Glen Burnie, MD 21062

Motor Vehicle Administration - Salisbury
251 Tilghman Road
Salisbury, MD 21801

Motor Vehicle Administration – Waldorf
St. Charles Business Park
11 Industrial Park Drive
Waldorf, MD 20602

For additional information, see –

<http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

**Instructions For Completing LiveScan Pre-Registration Application for
FBI and Maryland State Criminal History Record Checks**

(Type or Print in Black Ink)

The Livescan Pre-registration Form is now used to obtain the required State and FBI criminal history record checks. **NEXT PAGE IS USED AS THE 'FINGERPRINT CARD' – no other card(s) will be given to you. Please follow these instructions:**

1. **Complete only the Applicant Information** section of the form. All information in that section must be provided.

Name – type or print the applicant's name.

Date of Birth - Enter the applicant's date of birth. Example: Enter May 27, 1969 as 05/27/1969.

Social Security Number - Enter the applicant's Social Security Number.

Gender – Check Male or Female.

Height - Enter applicant's height in feet and inches. Do not use fractions of an inch.

Weight - Enter applicant's weight in pounds. Do not use fractions of a pound.

Eye Color - Enter the color of the applicant's eyes.

Hair Color - Enter the color of the applicant's hair.

Race - Indicate race by checking one of the boxes on the form.

Place of Birth - Enter the state in which the applicant was born. If not born in the United States, enter the name of the country in which the applicant was born.

Citizenship - Enter the applicant's country of citizenship.

Current address – Enter complete current street address.

City: Enter city in which you reside.

State: Enter state in which you reside.

Zip Code: Enter zip code in which you reside.

Daytime Phone: Enter daytime phone number.

Evening phone – Enter evening phone number.

Driver's License # - Enter driver's license number from your State driver's license.

DO NOT ENTER ANY INFORMATION BEYOND THE APPLICANT INFORMATION SECTION.

2. **Double-check the form** to make sure that you have completed the Applicant Information section only.
3. **Take the form** to the Criminal Justice Information System (CJIS) at the Reisterstown Plaza Office Complex, 6776 Reisterstown Road, Suite 102, Baltimore, MD 21215 OR to one of the authorized fingerprinting services listed. For help, call 410-764-4501.
4. **Government Issued Photo Identification must be presented** at the time of fingerprinting. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
5. **Payment** –
 - o CJIS - Credit card, check or money order made payable to **CJIS - Central Repository**. Cost: \$54.50 (\$34.50 for FBI & State background check and \$20 for fingerprinting fee).
 - o Private Provider – Cost: at least \$54.50. Contact the private provider regarding fees charged and accepted payment.
6. **You must receive a receipt from CJIS when you are fingerprinted.** Submit this receipt to the Transportation Division with your application packet and make a copy for your records.

Livescan Fingerprint Form
for background check



Livescan Fingerprint Form
for background check

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEM – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

Applicant Information (Please TYPE OR PRINT CLEARLY)

Name:			
Date of Birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 9000037631 (State & FBI Background Check)	
ORI # (if required): MD920470Z	Reason fingerprinted? Taxicab/PFH Driver's Licensure
Position Applied for: MD Public Service Commission Taxicab / For-Hire Driver's License	
Request Type: (Choose one ONLY) <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child Care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: MARYLAND PUBLIC SERVICE COMMISSION

Address: 6 ST. PAUL STREET, 18TH FLOOR

City, State, Zip Code: BALTIMORE, MD 21202