



Broome County Office Building • 44 Hawley Street • P.O. Box 1766 • Binghamton, New York 13902  
(607) 778-2107 • Fax (607) 778-2242 • Website: www.gobroomecounty.com

**APPLICATION FOR REPLACEMENT OF TAXICAB DRIVER'S LICENSE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ NYS Chauffer's License # \_\_\_\_\_

Home Address: \_\_\_\_\_

Name & Address of Current Employer : \_\_\_\_\_

\_\_\_\_\_

Date Original Taxi Driver License Granted (mm/dd/yy): \_\_\_\_\_

License Number: \_\_\_\_\_

Reason for replacement:  Lost  Destroyed  Stolen

Copy of Police report attached, if stolen

Explain: \_\_\_\_\_

\_\_\_\_\_

Since date of original taxi application, have you been arrested or convicted of a felony, misdemeanor, DWI or illegal drug charge?

Yes  No If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

**"PURSUANT TO THE NEW YORK STATE PENAL LAW SEC. 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN"**

Applicant Signature: \_\_\_\_\_

Date: (mm/dd/yy) \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver's license; and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Subscribed to and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary public or Clerk of Broome County

**FOR OFFICE USE ONLY**

Copy of NY State Chauffer's License

Fee collected (\$ 25.00)  Cash  Check Check # \_\_\_\_\_

Processed by \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

**ATTACH ALL SUPPORTING DOCUMENTATION**

Approved  Denied Reason: \_\_\_\_\_

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Director of Security Date (mm/dd/yy): \_\_\_\_\_