Randolph Police Department

41 South Main Street Randolph, MA 02368 (781) 963-1212 Phone (781) 961-0968 Fax



Hackney License Application FEE: \$30 (Covers Application, License and Photos)

Legal Name (Last,		DOB			Sex		Social Security #					
Street Address, City, State & Zip Code												
Home Phone						Cell Phone						
Email Address					Place of Birth							
Driver's License Number Year			rs Driving Experience			Physical Disabilities						
Height	Weight		Hair		Ey	/es	Co	Complexion		Build		
Marital Status (Circle One) Married Divorced Single Other No. of Children												
Education (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16					Name of Last School Attended							
Fathers Name			Mother's Name (Includ			ude Maiden) Spouse		ouse's	e's Name (Include Maiden)			
Employment (List	all employm	nent wi	thin the past 10 y	ears,	inc	lude part	time and	d milita	ary, Use b	back if necessary)		
Name and Address of Employer			Dates Employed					Position				
Name and Address of Employer			Dates Employed			Position						
Name and Address of Employer			Dates Employed			Pos		osition	sition			
Name of Company you will drive for, if license is is					Company Street Address, City, State & Zip Code							
List ANY and AL	L arrests or s	summoi	ns to Court for A	NY v	iol	ations, to	include	motor	vehicle ci	itations		
Offense Court Lo		ocation		Date		Disposition						
Offense	ense Court Lo		ocation		Date			Disposition				
Offense Court Lo		ocation		Date		Disposition						

I declare that the facts on this application are complete and true. Any false or incomplete statements may be cause for denial of a license or revocation of one already issued. I am aware that any infractions of the hackney rules and orders, may be treated in a like manner.									
I agree to surrender such license upon termination of my hackney employment and that I will notify the Hackney Bureau of any change in my address or other information contained in the above statements within 24 hours. To include arrests, summons, motor vehicle citations and crashes.									
Signature			Date						
To be completed by Authorized Personnel Only:									
Received By:	Date Re	eceived:	Approved:		Denied:				
Comments:									
Fee Received:		Date Processed:		Photo Taken:					
Y N					Y N				

Please print out, complete and return to:

Randolph Police Department Attn: Safety Officer 41 South Main Street Randolph, MA 02368