

COMMONWEALTH of the NORTHERN MARIANA ISLANDS  
 DEPARTMENT of PUBLIC SAFETY  
**BUREAU OF MOTOR VEHICLES**  
**DRIVER'S LICENSE SECTION**



## Taxicab Operator's License Application Form

**Date of Issue:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **Taxicab License No.**

New \$ **15.00**    
  Renewal \$ **15.00**    
  Duplicate \$ **5.00**    
  Any Changes \$ **5.00**    
 Taxi I.D. No. \_\_\_\_\_

Receipt No.	Receipt No.	Receipt No.	Receipt No.	
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NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) (Complete) \_\_\_\_\_

VILLAGE: (Village) \_\_\_\_\_ Mailing: \_\_\_\_\_ Employer \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone No. Home \_\_\_\_\_

Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_ Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Entry Permit No.: \_\_\_\_\_

Weight: (lbs.)	Height (ft./inch)	Eye Color	Hair Color	Blood Type	Marital Status	OFFICIAL USE ONLY Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Lens <input type="checkbox"/> Yes <input type="checkbox"/> No Others <input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Fail Right Eye <input type="checkbox"/> <input type="checkbox"/> Left Eye <input type="checkbox"/> <input type="checkbox"/> Both Eye <input type="checkbox"/> <input type="checkbox"/>	Date Tested
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**HAVE YOU EVER BEEN:**

Convicted of a Traffic Violation? Yes  No

Treated by a hospital for mental illness, dizziness, or blackouts? Yes  No

Afflicted by any disability or illness which might affect your control or ability to drive safely? Yes  No   
 (Epilepsy, Insanity, Paralysis, etc.)

Declared mentally incompetent by Court? Yes  No

Is your license or permit presently revoked or suspended for any Traffic Violation? Yes  No

Previously issued a driver's license? Yes  No

If yes, please indicate when and from what state, \_\_\_\_\_

If your answer is yes to any of the above, Please explain below.

\_\_\_\_\_

\_\_\_\_\_

NOTE: Applicant must be over the age of 18 years, and must be notarized

I Declare Under the Penalty of Perjury that the foregoing is true and correct and that this declaration was executed on \_\_\_\_\_ DATE

at \_\_\_\_\_ Commonwealth of the Northern Mariana Islands

ISLAND

\_\_\_\_\_  
 APPLICANT'S SIGNATURE \_\_\_\_\_  
 BMV STAFF