



**City of Annapolis**  
**Transportation Department**  
 308 Chinquapin Round Road  
 Annapolis, MD 21401-4007



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**Taxicab Driver's Drug-Free Certification/Physical**

**IMPORTANT NOTICE:** False or incomplete responses constitutes perjury and will result in refusal of a license, or if granted, revocation of same.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Mailing Address \_\_\_\_\_

I hereby authorize my physician to release personal and confidential information to the City of Annapolis for the purpose of obtaining a taxicab driver's license. I have authorized the City of Annapolis to perform investigations of my criminal, driving, medical and appropriate immigration, educational and employment backgrounds, whether or not they are of a private, confidential or privileged nature. This investigation may involve a review of my records on file with any appropriate federal, state, city or county government agency, or any employment, educational or medical institution. A photocopy of this form will be valid as an original writing of my signature. I hereby certify to the truth of the statements made in this application and agree to comply with all City, County, State and Federal ordinances, laws, and/or statutes, including rules of the company or association employing me, and all the regulations of Chapter 7.46 of the City Code of Annapolis, Maryland, 1988 edition, as amended.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Incomplete or unclear responses to this certification will cause the Taxicab Driver's Application to be delayed or rejected.**

<b>I certify, the applicant is of sound physique with good eyesight, good hearing, and not subject to epilepsy, vertigo, heart trouble, or other infirmity of body or mind, which might render the applicant unfit for the safe operation of a taxicab.</b>	
_____ Date	_____ Signature of Physician

Physical Required      Yes      No