

HACKNEY APPLICATION / RENEWAL

Please print this form and complete it

Application must be dropped off at the Revere Police Department

ALONG WITH THE FOLLOWING:

- A copy of your current driver's license
- Two copies of a recent photograph
- A money order in the amount of \$30.00 made payable to The City of Revere
- All paperwork and money order must be placed together in a sealed envelope. Your name must be neatly printed on the front of the envelope along with "Attention Traffic Division"

If your paperwork is not in order your license will not be processed.

Your license will be dropped off at your employer's office when it is complete. (It may take two weeks)

Sgt. Christopher Giannino
Traffic Division
781-286-8336

THE CITY OF REVERE, MASSACHUSETTS
POLICE DEPARTMENT

Joseph Cafarelli · Chief of Police
400 Revere Beach Pkwy, Revere, MA 02151
781-284-1212

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ M: _____

Maiden Name: _____ Date of Birth: ___/___/___

Place of Birth: _____

Home Address: _____ City: _____ State: _____

S.S. #: ___/___/___ License #: _____

Home Phone#: (____) _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Complexion: _____

Circle One: Married Single Separated Divorced

Father's Name: _____ Mother's Name: _____

Year of Last Hackney License: _____

Signature of Applicant,

Date:

Office of the Inspector of Carriages
Approved:
Disapproved:

Office of the Traffic Supervisor
Granted:
Rejected:

Inspector of Hackneys

Traffic Supervisor

1. Has your right to operate a motor vehicle ever been suspended or revoked YES or NO

a. If so, why? _____

b. Has it been reinstated? YES or NO

2. Do you have any physical disabilities? YES or NO

a. If so, what? _____

3. Have you been treated within the last five years for any of the following?

a. Any heart disorder? YES or NO

b. Epilepsy or fainting spells? YES or NO

c. Alcoholism or Drug dependency? YES or NO

4. Within the past five years, have you been admitted to any facility for treatment of a mental illness? YES or NO

a. If so, where? _____

b. Date admitted: _____ Date released: _____

5. Are you currently taking any medication for a mental, nervous or physical disorder?

YES or NO

a. Name of Physician: _____

b. Address of Physician: _____

NOTES:

All Hackney Licenses expire on your birthday, and must be renewed each year one month before your birthday.

Applicants must furnish two (2) small photos (2 ½ x 2 ½)

(Please be sure both pages are completed, any incomplete applications will be rejected)

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Revere Police Department

The **Revere Police Department** has been certified by the **Criminal History Systems Board** for access to conviction and pending criminal case data. As an applicant/employee for the position of (Taxi driver, Hawk & Peddler) _____, I understand that a criminal record clerk will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature _____

Applicant/Employee Information (please, print)
Last Name _____ First Name _____
Maiden Name or Alias (If Applicable) _____
Date of Birth ____/____/____ Social Security ____ - ____ - ____
Address/Street _____
City/Town _____ Zip _____

Requested by _____
Signature of C.O.R.I. Authorized Employee

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