

MARYLAND PUBLIC SERVICE COMMISSION

Transportation Division

WILLIAM DONALD SCHAEFER TOWER

6 ST. PAUL STREET, 18<sup>th</sup> Floor

BALTIMORE, MD 21202-6806

TELEPHONE: 410-767-8128 OR 1-800-492-0474

FAX: 410-333-6088

Website: [www.psc.state.md.us](http://www.psc.state.md.us)

**PUBLIC SERVICE COMMISSION FOR-HIRE DRIVER'S LICENSE RENEWAL APPLICATION CHECKLIST**

Please use this checklist as a guide when you prepare your application (revision date 03-22) for submission to the Transportation Division.

- I have completely answered all questions on the renewal application paying special attention to the criminal conviction section and making sure to note all criminal convictions in any State during my lifetime.
- I have signed the application (an original signature is required).
- My application is signed (an original signature, not copied or rubber stamped, is required) by a representative of the Taxicab Association **or** the authorized For-Hire transportation company for which I will drive and includes the **name** of the Taxicab Association **or** the authorized For-Hire transportation company and their **PSC Carrier Number**.
- My current for-hire license is within one month of expiring and not more than three months beyond the expiration date. If my for-hire license expired more than three months ago, I understand my records have been shredded and purged and I will need to file a new application.
- My address on the application matches the address on the driving record, or I have attached a current address correction card from the Department of Motor Vehicle issued on or after the date of my driving record.
- I have attached a **3-year, non-certified** driving record (issued by the Department of Motor Vehicle within the last 30 days) from **each State** that I have held a driver's license in during the past 3 years.
- I have **attached a copy of the front and back of my current State-issued driver's license and Social Security Card**. I will bring my original driver's license and Social Security Card to the Transportation Division office when requested.
- If I am not a U.S. citizen, I will bring my original **employment authorization from INS** to the Transportation Division office when requested and am **attaching a copy of the front and back of my card to the application**.
- If I am a naturalized U.S. citizen (born outside the U.S.), I will bring my original **Certificate of Naturalization** or my **U.S. passport** to the Transportation Division office when requested and am **attaching a copy to the application**.
- I have **attached the receipt from fingerprinting**. (Note: fingerprinting is to be completed {using **Livescan Fingerprint Form provided by Transportation Division**} at the Criminal Justice Information System (CJIS) located at 6776 Reisterstown Road in Baltimore. The cost for the FBI and State background check is \$51.25, cash and money orders are not accepted).  
**NOTE: If you believe information contained on your FBI criminal background report is incorrect and you wish to correct the record as it appears in the FBI's CJIS Division Record System, you must follow procedures set forth in Title 28, CFR, Section 16.30 through 16.34.**
- I have **signed and attached the PSC FILE COPY of the NonCriminal Justice Applicant's Privacy Rights document** and have retained the APPLICANT's COPY for my files.
- I understand, if my current for-hire license is expired, I can **not** drive until I receive my new license in the mail. The new license should be mailed to me within 10 days of receipt of all required information. **I further understand that driving a for-hire vehicle without a valid passenger for-hire driver's license is a violation of Maryland law and is subject to a fine of up to \$500.00.**
- I understand that I should **retain a copy of all documents** submitted to the Transportation Division for my records. I can mail the application and documents to the address above or deliver them in person to the Transportation Division. I understand that copies will not be made at the PSC Transportation Division Office and that incomplete applications will be returned without processing. **The Transportation Division walk-in office hours are Monday through Thursday - 9 AM to 12 Noon and 1 PM to 4 PM. Please allow 7 to 10 business days for processing your application.**

# RENEWAL

## MARYLAND PUBLIC SERVICE COMMISSION APPLICATION FOR A FOR-HIRE DRIVER'S LICENSE

PASSENGER-FOR-HIRE      TAXICAB:  BALTIMORE CITY    CHARLES COUNTY    CUMBERLAND    HAGERSTOWN

|                                   |                   |                   |            |
|-----------------------------------|-------------------|-------------------|------------|
| <b>Do Not Write In This Block</b> |                   |                   |            |
| Approved _____                    | Denied _____      | By _____          | Date _____ |
|                                   |                   | Sup. Review _____ | Date _____ |
| Temporary License No. _____       | Date Issued _____ | By _____          |            |
| Three-year License No. _____      | Date Issued _____ | By _____          |            |

**NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT BEING REVIEWED OR PROCESSED.**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Prior Name (if applicable): \_\_\_\_\_ Reason for name change: \_\_\_\_\_

Current Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Social Security No. (Required under Family Law Article §10-119.3 of MD Annotated Code): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

U.S. Citizen? Yes \_\_\_ No \_\_\_ If not, Alien # issued by U.S. Immigration & Naturalization Service: A- \_\_\_\_\_

If not U.S. citizen, check current status:  Permanent Resident  Employment Authorized Expiration Date: \_\_\_\_\_

Current Driver's License: State: \_\_\_\_\_ Class: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your Taxicab or Passenger-For-Hire Driver's License ever been suspended or revoked? Yes \_\_\_ No \_\_\_

1. Have you ever been convicted of ANY\* criminal violations of law, in any state? Yes \_\_\_ No \_\_\_

2. Have you ever been convicted of ANY\* alcohol or drug related traffic violations of law, in any state? Yes \_\_\_ No \_\_\_

3. Have you ever been convicted of ANY\* traffic violations of law, in any state? Yes \_\_\_ No \_\_\_

If you answered "yes" to any of the above questions, list the date(s), place(s), charge(s), and sentence/penalty for each case/conviction (use back of application if additional space is needed). \_\_\_\_\_

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**NOTE: FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL, SUSPENSION OR REVOCATION OF LICENSE**

**FINGERPRINTING SERVICES  
CRIMINAL JUSTICE INFORMATION SYSTEM (CJIS)**

**Location:** 6776 Reisterstown Road (West side of Reisterstown Road Plaza Mall)  
Suite 102 (first floor), Baltimore, MD 21215  
For directions, go to <http://www.mapquest.com>

**Phone:** 410-764-4501 OR 1-888-795-0011 (toll free)

**Hours of Operation:** Monday-Friday 8:30am-5:00pm (Please check website or call to verify current times)  
**Closed on designated State holidays.**

**The following locations are available by appointment only:**

Call for an appointment: 410-764-4501 or 1-888-795-0011 (toll free)

Motor Vehicle Administration – Bel Air  
501 West MacPhail Road  
Bel Air, MD 21014

Motor Vehicle Administration - Frederick  
1601 Bowman's Farm Road  
Frederick, MD 21701

Motor Vehicle Administration - Salisbury  
251 Tilghman Road  
Salisbury, MD 21801

Motor Vehicle Administration - Glen Burnie  
6601 Ritchie Hwy, N.E.  
Glen Burnie, MD 21062

Motor Vehicle Administration – Waldorf  
St. Charles Business Park  
11 Industrial Park Drive  
Waldorf, MD 20602

**For additional information on fingerprint services available from Government Operated Services and Private Providers and a list of currently authorized Private Providers, go to:**  
<http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

**Instructions For Completing LiveScan Pre-Registration Application for  
FBI and Maryland State Criminal History Record Checks**

(Type or Print in Black Ink)

The Livescan Pre-registration Form is now used to obtain the required State and FBI criminal history record checks. **NEXT PAGE IS USED AS THE 'FINGERPRINT CARD' – no other card(s) will be given to you. Please follow these instructions:**

1. **Complete only the Applicant Information** section of the form. All information in that section must be provided.

**Name** – type or print the applicant's name.

**Date of Birth** - Enter the applicant's date of birth. Example: Enter May 27, 1969 as 05/27/1969.

**Social Security Number** - Enter the applicant's Social Security Number.

**Gender** – Check Male or Female.

**Height** - Enter applicant's height in feet and inches. Do not use fractions of an inch.

**Weight** - Enter applicant's weight in pounds. Do not use fractions of a pound.

**Eye Color** - Enter the color of the applicant's eyes.

**Hair Color** - Enter the color of the applicant's hair.

**Race** - Indicate race by checking one of the boxes on the form.

**Place of Birth** - Enter the state in which the applicant was born. If not born in the United States, enter the name of the country in which the applicant was born.

**Citizenship** - Enter the applicant's country of citizenship.

**Current address** – Enter complete current street address.

**City:** Enter city in which you reside.

**State:** Enter state in which you reside.

**Zip Code:** Enter zip code in which you reside.

**Daytime Phone:** Enter daytime phone number.

**Evening phone** – Enter evening phone number.

**Driver's License #** - Enter driver's license number from your State driver's license.

**DO NOT ENTER ANY INFORMATION BEYOND THE APPLICANT INFORMATION SECTION.**

2. **Double-check the livescan form** to make sure you have completed the Applicant Information section only.
3. **Take the attached livescan form** to the Criminal Justice Information System (CJIS) at the Reisterstown Road Plaza Office Complex, 6776 Reisterstown Road, Suite 102, Baltimore, MD 21215 OR to one of the authorized fingerprinting services listed on the previous page entitled "Fingerprinting Services" OR to one of the authorized Private Providers listed on the Department of Public Safety & Correctional Services' website at <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>. For help, call CJIS at 410-764-4501.
4. **Government Issued Photo Identification must be presented** at the time of fingerprinting. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
5. **Payment** –
  - o **CJIS** - Credit card or check made payable to CJIS - Central Repository. **Cost: \$51.25** (\$31.25 for FBI & State background check plus \$20 for fingerprinting fee).
  - o **Government Operated Services and Private Providers** – **Cost: \$31.25** for FBI & State background check **plus the fingerprinting fee charged by the Government Operated Service or Private Provider.** Contact the Government Operated Service or Private Provider directly regarding fees charged for fingerprinting, accepted forms of payment and hours of operation.
6. **You must receive a receipt** from CJIS, the MVA locations or Government Operated Services listed on the previous page, or the authorized Private Provider listed on the website above, **when you are fingerprinted. Submit this receipt to the Transportation Division with your application packet and make a copy for your records.**

Livescan Fingerprint Form  
for background check



Livescan Fingerprint Form  
for background check

**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEM – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**Applicant Information** (Please TYPE OR PRINT CLEARLY)

|                                                                                                                                                                                             |                |                                                                       |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|----------------|
| Name:                                                                                                                                                                                       |                |                                                                       |                |
| Date of Birth:                                                                                                                                                                              | SSN:           | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | (Please check) |
| Height: ft. inches                                                                                                                                                                          | Weight: lbs.   | Eye Color:                                                            | Hair Color:    |
| Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other | (Please check) |                                                                       |                |
| Place of Birth:                                                                                                                                                                             | Citizenship:   |                                                                       |                |
| Current address:                                                                                                                                                                            |                |                                                                       |                |
| City:                                                                                                                                                                                       | State:         | ZIP Code:                                                             | -              |
| Daytime Phone:                                                                                                                                                                              | Evening Phone: | Driver's License #:                                                   |                |

**AGENCY INFORMATION**

|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Agency Authorization #: <b>9000037631</b>                                                     | <b>(State &amp; FBI Background Check)</b>                   |
| ORI # (if required): <b>MD920470Z</b>                                                         | Reason fingerprinted? <b>Taxicab/PFH Driver's Licensure</b> |
| Position Applied for: <b>MD Public Service Commission Taxicab / For-Hire Driver's License</b> |                                                             |

|                                                |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| Request Type: (Choose one ONLY)                |                                                                           |
| <input type="checkbox"/> Adult Dependent Care  | <input checked="" type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client       | <input type="checkbox"/> Immigration/VISA                                 |
| <input type="checkbox"/> Child Care            | <input type="checkbox"/> Individual Challenge                             |
| <input type="checkbox"/> Criminal Justice      | <input type="checkbox"/> Individual Review                                |
| <input type="checkbox"/> Gold Seal/ Adoption   | <input type="checkbox"/> MSP Licensing                                    |
| <input type="checkbox"/> Gold Seal/Letter/VISA | <input type="checkbox"/> Private Party Petition                           |
| <input type="checkbox"/> Government Employment | <input type="checkbox"/> Public Housing                                   |

**Mail Response to:**  
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: MARYLAND PUBLIC SERVICE COMMISSION  
\_\_\_\_\_

Address: 6 ST. PAUL STREET, 18<sup>TH</sup> FLOOR  
\_\_\_\_\_

City, State, Zip Code: BALTIMORE, MD 21202  
\_\_\_\_\_

# Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. <sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. <sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/6/2019

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I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification. <sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>  
<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(e), 20.33(d) and 906.2(d).