

ARLINGTON POLICE DEPARTMENT

**Fredrick Ryan**  
Chief of Police



112 Mystic Street  
Telephone 781-316-3900  
Facsimile 781-316-3919

*Town of Arlington*  
MASSACHUSETTS 02474

Police Headquarters

The Department of Community Safety, Police Services Division, Arlington, MA; has been certified by the Criminal History Systems Board for access to conviction data. I understand that a record check will be conducted for conviction information only and that it will not necessarily disqualify me.

Attention: Sergeant Michael Sheehan  
Office: (781) 316-3906 Fax: (781) 316-3933

**Applicant Information**

**New Issue:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_ Existing Hackney License Number: \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First Name) (MI)

\_\_\_\_\_  
(Maiden Name, If Applicable)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature) (Date)

*NOTE: At the time of application being submitted, a fee of \$25.00 dollars is required, along with two (2) passport size photographs.*

**CHSB USE ONLY**

**Record Attached:** \_\_\_\_\_ **No Record:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ARLINGTON POLICE DEPARTMENT

Date:.....

TO THE CHIEF OF POLICE,

The undersigned respectfully requests that he may be licensed to drive a Hackney Carriage within the limits of said Town and hereby certifies that he is connected with no person, firm or corporation engaged in the Hackney Vehicle business other than the employer stated herein.

Please either TYPE or PRINT

Full Name: ..... Date of Birth: .....

Address: ..... Place of Birth: .....

Home Phone #: ..... Citizen? .....

Cell Phone #: .....

Social Security #: ..... Massachusetts Driver's License #: .....

Height: .....Weight: .....Eyes: .....Hair: .....Complexion: .....

Father's Name: ..... Mother's Maiden Name: .....

Marital Status: ..... Maiden Name (spouse's if married):.....

Date of Issue, Latest Hackney License: .....

Current Employer: ..... Address: .....

Previous Employer: ..... Address: .....

Are you afflicted with any disease or infirmity that might make you an unsafe or unsatisfactory driver?

If so, please explain: .....

Has your license to operate a motor vehicle ever been suspended or revoked?: ..... If so, please explain:

.....

Have you been a defendant in a criminal action other than parking violations in which you were **not** acquitted? ..... If so, please

explain: .....

.....

Are you a registered sex offender: ..... If so, where?: .....

I certify that the statements made herein are to the best of my knowledge and belief true.

\_\_\_\_\_  
Signature of Applicant