

# HACKNEY APPLICATION / RENEWAL

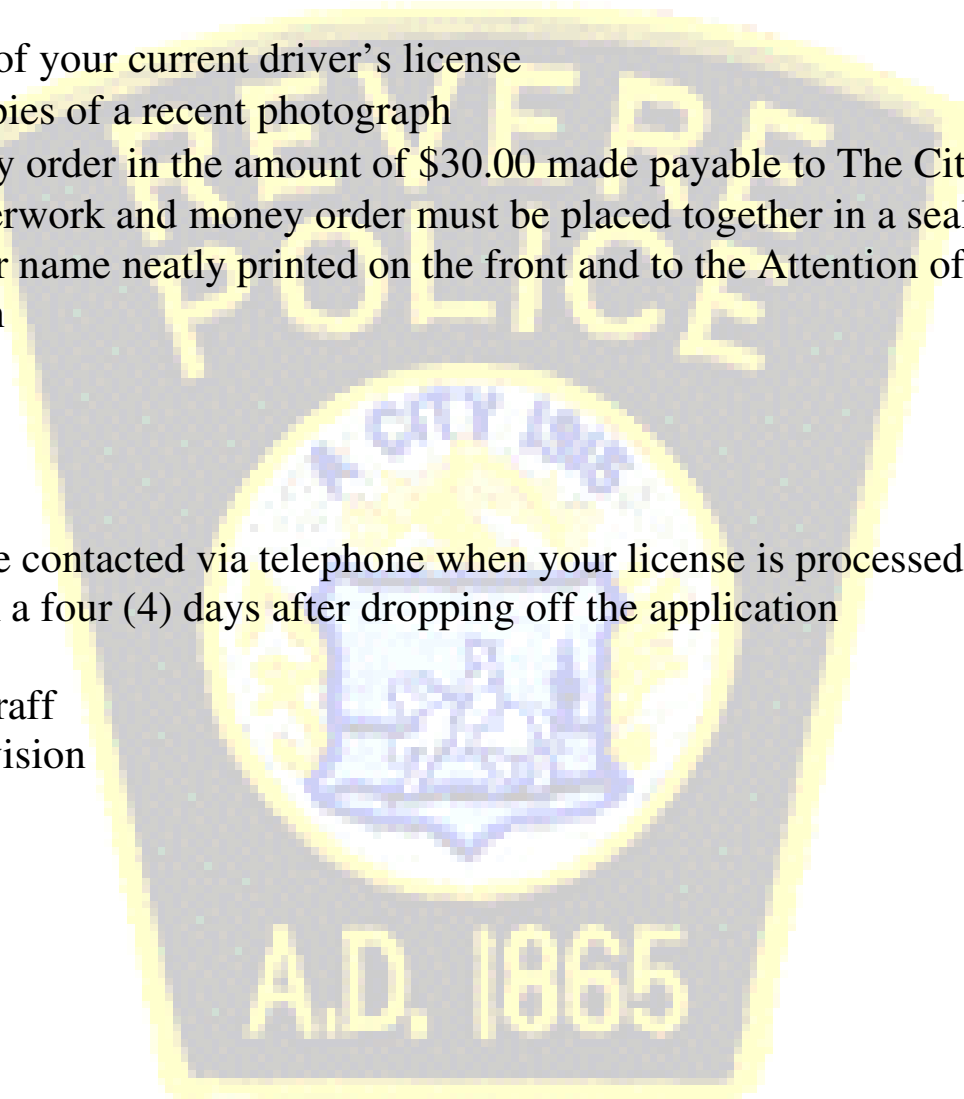
Please print this form and complete it

Application must be dropped off to 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 and your name neatly printed on the front and to the Attention of the Traffic Division

You will be contacted via telephone when your license is processed or you may check back a four (4) days after dropping off the application

Sgt. Jeff Graff  
Traffic Division



THE CITY OF REVERE, MASSACHUSETTS  
POLICE DEPARTMENT

Terence K. Reardon · Chief of Police  
400 Revere Beach Pkwy, Revere, MA 02151  
Traffic: (781) 286 – 8336

PLEASE PRINT LEGIBLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_

Address(residence): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

S.S. #: \_\_\_\_/\_\_\_\_/\_\_\_\_ License #: \_\_\_\_\_ Home Phone#: (\_\_\_\_) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Complexion: \_\_\_\_\_

**Circle One:** Married Single Separated Divorced

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Last Year of Last Hackney License: \_\_\_\_\_

**Signature of Applicant,**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

Office of the Inspector of Carriages  
Approved:  
Disapproved:

Office of the Chief of Police  
Granted:  
Rejected:

\_\_\_\_\_  
Inspector of Hackneys

\_\_\_\_\_  
Chief of Police

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 are effective as of February 1<sup>st</sup>, and must be renewed each year.

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)**