

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE

DIVISION OF COMMERCE 4 Jackson Square, Jersey City, NJ 07305 Telephone # 201-547-5139 commerce@jcnj.org

> ANNISIA CIALONE DEPARTMENT DIRECTOR

MAYNARD WOODSON DIVISION DIRECTOR

INSTRUCTIONS FOR NEW LIMO DRIVER OPERATOR REGISTRATION

- 1. Fill out the entire applications and have it notarized.
- 2. Attach a copy of your Limousine Driver qualification certificate issued by the New Jersey Motor Vehicle Commission.
- 3. Attach a copy of your current Driver Abstract from the NJDMV (cannot be over 30 days old)
- 4. If you drive for more than one company, you must fill out an "addition of company application". Be advised you must have a Limousine Driver Qualification certificate issued by the NJDMV for each company you drive for.
- 5. Two passport size photograph must be submitted with application.
- 6. Payments must be made in form of check or money order payable to the City of Jersey City

FEE SCHEDULE LIMO DRIVER/OPERATOR INITIAL APPLICATION \$75.00 IF YOU DRIVE FOR MORE THAN ONE COMPANY A \$10.00 FEE IS CHARGED FOR EACH ADDITONAL COMPANY.

If you have any questions, you can contact the Division of Commerce, 4 Jackson Square, J.C., N.J. at (201)547-5139 Monday thru Friday between the hours of 8:30 a.m. to 4:00 p.m.



STEVEN M. FULOP MAYOR

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LIMO DRIVER/OPERATOR REGISTRATION License Term April 1, 2022 thru March 31, 2023

			License#	
Fee: \$75.00				
Applicant Name:				
Address:				
City:	State	Zip Code:		
Telephone:		Cell Phone:		
DOB:	Email Ad	Email Address:		
Driver's License #		STATE:		
Expiration Date:				
Employed by: (Compar	ny Name)			
Company Address:				
Contact Person:		Contact Numbe	r:	
(Please attach a copy	of your Limous	ine Driver Qualifica	tion Certificate to this	
application.)				
If you do not have a v	alid Limousine	Driver Qualificatio	n Certificate issued by the New	
Jersey Motor Vehicle	Commission, y	ou will not be issue	d a Limo Driver Registration	
Identification Card.				
Signature of Applicant	:	Date	e:	
	F	OR OFFICE USE ONLY		
DENIED APPR	OVED	AMOUNT\$	CHECK#	
Director Signature:			Date:	