

**CNMI DEPARTMENT OF COMMERCE
DIVISION OF ENFORCEMENT AND COMPLIANCE
BUREAU OF TAXICABS
Pohnpei St., Capitol Hill
Caller Box 10007 C.K. Salpan MP 96950**

Tel. nos (670)664-3014/3093, Fax no. (670)664-3070, e-mail:enfcomp@pticom.com

**CERTIFICATION OF FITNESS & TAXICAB OPERATOR'S IDENTIFICATION
CARD APPLICATION**

PROCEDURE OVERVIEW

1.) Any applicant who intends to operate a taxicab in the CNMI must complete and submit a BOT application for "Certification of Fitness and Taxicab Operator's Identification Card" to Bureau of Taxicabs. There will be a mandatory 24 hour reviewing period for all completed applications. The required items for submission are as follows:

Three (3) 2"x2" passport size photos (must be less than six months old).

Current Business License (both owner and operator if necessary).

a. Employment Declaration (if necessary, must be notarized).

b. Copy of Employee (renewal operator) W-2 Tax Form.

c. Current Criminal Record (less than six months old), Traffic History and Clearance.

d. Health Certificate (less than six months).

e. CNMI Driver's License (must have three driving experience with license)

f. Copy of Passport and/or Birth Certificate.

g. Copy of Entry Permit (I R. status only).

h. Marriage Certificate (if necessary).

i. Sketch of Location.

2.) There will be second application review process required by the Bureau of Motor Vehicles and a written Taxi Test will be administered and passed in order to acquire a mandatory Taxicab Driver's License.

3.) After BMV approval, the Taxi operator's License and BOT operator's ID will be issued by the Bureau of Taxicabs officials after necessary fees are paid. Associated (BOT) Fees are as follows:

\$25.00 for both new and renew BOT ID CARD.

\$5.00 per working day and not to exceed \$150.00 for late renewal of BOT ID CARD without prior written notification.



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**APPLICATION FOR CERTIFICATION OF FITNESS
AND
TAXICAB OPERATORS IDENTIFICATION CARD
NEW () RENEW ()**

A) GENERAL INFORMATION

APPLICANT'S NAME _____
 DATE OF BIRTH _____ CITIZENSHIP _____
 SOCIAL SECURITY NUMBER _____ POSTAL ADDRESS _____
 VILLAGE _____ STREET NAME _____ HOUSE NUMBER _____
 HOME PHONE _____ BUS. PHONE _____ CELL/PAGER _____
 OWNER'S NAME _____ DBA _____
 CNMI DRIVER'S LICENSE NUMBER _____ TAXI DRIVERS LICENSE NO. _____
 BOT ID NO. _____ OPERATOR ONLY _____ OWNER AND OPERATOR _____
 HEIGHT _____ WEIGHT _____ COLOR OF HAIR _____ COLOR OF EYES _____
 TO OPERATE CAB NO. _____ UNIT NO. _____ REGISTERED OWNER _____

B) BOT CERTIFICATION OF FITNESS INFORMATION

1. ARE YOU A U.S. CITIZEN? YES NO
 IF YES ENTER YOUR U.S. PASSPORT NO. _____
 IF NO COUNTRY OF CITIZENSHIP _____
 CNMI ENTRY PERMIT NO. _____

2. ARE YOU AN IMMEDIATE RELATIVE TO A U.S. CITIZEN? YES NO
 FULL NAME OF IMMEDIATE RELATIVE _____
 APPLICANT'S RELATIONSHIP _____
 ADDRESS OF YOUR RELATIVE _____
 WORK PHONE _____ HOME PHONE _____

3. ARE YOU CURRENTLY DRIVING A TAXICAB IN THE CNMI? YES NO
4. HAVE YOU EVER BEEN ADJUDICATED OR DECLARED MENTALLY INCOMPETENT BY A COURT? YES NO
5. HAVE YOU EVER BEEN COMMITTED TO ANY MENTAL INSTITUTION? YES NO
6. HAVE YOU EVER BEEN AFFLICTED BY ANY DISABILITY OR ILLNESS WHICH MIGHT AFFECT YOUR ABILITY TO OPERATE A TAXICAB SAFELY? YES NO
7. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS, DIZZINESS, EPILEPSY OR BLACKOUTS? YES NO
8. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
9. HAVE YOU EVER BEN CONVICTED OF A HOMICIDE? YES NO
10. HAVE YOU EVER BEEN CONVICTED FOR FLEEING OR ATTEMPTING TO ELUDE A POLICE OFFICER? YES NO
11. HAVE YOU EVER BEEN CONVICTED FOR THEFT OF A MOTOR VEHICLE? YES NO
12. HAVE YOU EVER BEEN CONVICTED FOR ANY TRAFFIC VIOLATION? YES NO
13. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF A UNIFORM CONTROLLED SUBSTANCE ACT OR ANY DRUG RELATED OFFENSE? YES NO
14. HAVE YOU EVER BEEN CONVICTED FOR RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS? YES NO

IF YOU MARKED YES TO ANY OF THE QUESTIONS, PLEASE PROVIDE ADDITIONAL EXPLANATION ON THE SPACE PROVIDED BELOW

I SWEAR TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION PROVIDED ARE TRUE AND CORRECT

SIGNATURE OF APPLICANT

DATE

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TAXICAB OWNER'S CERTIFICATION

I, _____ OWNER OF TAXICAB BUSINESS (DBA) _____
 HEREBY AUTHORIZE _____ BOT ID NO. _____ TO OPERATE
 MY TAXICAB NO. _____ UNIT NO. _____

ADDRESS INFORMATION

TAXICAB OWNER

POSTAL ADDRESS _____
 VILLAGE/STREET _____
 HOME PHONE NO. _____ WORK _____ CELL/PAGER _____

TAXICAB OPERATOR

POSTAL ADDRESS _____
 VILLAGE/STREET _____ (PLS. PROVIDE SKETCH OF LOCATION)
 HOME PHONE NO. _____ WORK _____ CELL/PAGER _____

 SIGNATURE OF OWNER _____ DATE _____

 SIGNATURE OF OPERATOR _____ DATE _____

 SIGNATURE OF BOT OFFICER _____ DATE _____

ENDORSEMENT NO. 1

*****FOR OFFICIAL USE ONLY*****

THREE (3) 2"X2" PHOTOGRAPH (LESS THAN SIX MO'S OLD)	YES	NO
COPY OF CRIMINAL RECORD	YES	NO
COPY OF TRAFFIC RECORD SEARCH & HISTORY	YES	NO
COPY OF HEALTH CERTIFICATE (NOT MORE THAN SIX MO'S OLD)	YES	NO
COPY OF CNMI DRIVER'S LICENSE	YES	NO
COPY OF BMV TAXI OPERATOR'S LICENSE	YES	NO
COPY OF ENTRY PERMIT(IF I.R.STATUS) OR U.S. PERMANENT CARD (IF GREEN CARD HOLDER)	YES	NO
SKETCH OF LOCATION	YES	NO
BUSINESS LICENSE OWNER _____ OPERATOR _____	YES	NO
TAXICAB OWNER'S CERTIFICATION	YES	NO
OPERATOR EMPLOYMENT DECLARATION (MUST BE NOTORIZED)	YES	NO
COPY OF EMPLOYEE (RENEWAL OPERATOR) W-2 TAX FORM	YES	NO

STATUS: APPROVE _____ DISAPPROVE _____

I HAVE REVIEWED THE INFORMATION PROVIDED IN THIS APPLICATION AND HEREBY CERTIFY THAT THE APPLICANT _____ HAS MET _____ DID NOT MEET ALL THE CERTIFICATION REQUIREMENTS UNDER PUBLIC LAW 7-33 AND TAXICAB REGULATIONS NO. 1500 (APPROVED APPLICATIONS ARE CONDITIONAL)

 RECEIVING OFFICER _____ DATE _____

 APPROVING OFFICER _____ DATE _____

