

North Carolina Division of Motor Vehicles

CERTIFICATION OF TAXI OPERATORS

(To be forwarded to the Division of Motor Vehicles,
Title and License Unit, Raleigh, N.C. 27697-0001)

Name _____ Date _____

Address _____

DESCRIPTION OF EQUIPMENT TO BE LICENSED AS TAXIS

| | | | | | |
|--------------------------|---|---|---|---|----|
| 1. Make of Motor Vehicle | 1 | 2 | 3 | 4 | 5 |
| 2. Year model | | | | | |
| 3. Identification Number | | | | | |
| 4. Title Number | | | | | |
| 1. Make of motor Vehicle | 6 | 7 | 8 | 9 | 10 |
| 2. Year model | | | | | |
| 3. Identification Number | | | | | |
| 4. Title Number | | | | | |

TO THE COMMISSIONER OF MOTOR VEHICLES OF NORTH CAROLINA:

In accordance with the provisions of Section 20-87 of the General Statutes, I hereby certify that the above named operator has furnished proof of financial responsibility and the convenience and necessity of the public requires his operation of the above described vehicles as taxis and the Division of motor Vehicles is hereby authorized to issue taxi registration plates for such vehicles.

Town or City of _____

By: _____

Official Title _____