

**CNMI DEPARTMENT OF COMMERCE
DIVISION OF ENFORCEMENT AND COMPLIANCE
BUREAU OF TAXICABS**

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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:
 - a. Three (3) 2"x2" passport size photos (must be less than six months old).
 - b. Current Business License (both owner and operator if necessary).
 - c. Employment Declaration (if necessary, must be notarized).
 - d. Copy of Employee W-2 Tax Form (renewal operator).
 - e. Current Criminal Record (less than six months old), Traffic History and Traffic Clearance.
 - f. Health Certificate (less than six months).
 - g. CNMI Driver's License (must have three years of driving experience with license).
 - h. Copy of Passport and/or Birth Certificate.
 - i. Copy of USCIS Documents
 - j. Marriage Certificate (if necessary).
 - k. Sketch of Location.
2. There will be second application review process required by the Bureau of Motor Vehicles and 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:
 - a. \$25.00 for both new and renew BOT ID CARD
 - b. \$5.00 per working day and not to exceed \$150.00 for late renewal of BOT ID CARD without prior written notification.



DEPARTMENT OF COMMERCE
DIVISION OF ENFORCEMENT AND COMPLIANCE
BUREAU OF TAXICABS
CALLER BOX 10007, CK
CAPITOL HILL, SAIPAN, MP 96950

APPLICATION FOR CERTIFICATION OF FITNESS
AND
TAXICABS OPERATOR'S IDENTIFICATION CARD
NEW () RENEW ()

A) GENERAL INFORMATION

APPLICANT'S NAME
DATE OF BIRTH
CITIZENSHIP
SOCIAL SECURITY NO.
POSTAL ADDRESS
VILLAGE
STREET NAME
HOUSE NO.
HOME PHONE
BUS. PHONE
CELL
OWNER'S NAME
DBA
CNMI DRIVER'S LICENSE NO.
TAXI OPERATORS NO.
BOT ID NO.
OPERATOR ONLY
OWNER & 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 US CITIZEN? YES NO
IF YES, ENTER YOUR US PASSPORT NO.
IF NO, COUNTRY OF CITIZENSHIP
CNMI ENTRY PERMIT NO.
2. ARE YOU IMMEDIATE RELATIVE TO US CITIZEN? YES NO IF YOU ANSWERED YES
FULL NAME OF IMMEDIATE RELATIVE
APPLICANT'S RELATIONSHIP
ADDRESS OF RELATIONSHIP
WORK PHONE NO. HOME PHONE NO.
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 YOUR CONTROL OR ABILITY TO OPERATE A TAXICAB SAFELY? YES NO
7. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS, OZZINESS, EPILEPSY AND SEIZURE OR BLACKOUTS? YES NO
8. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
9. HAVE YOU EVER BEEN 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 THE 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 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

DEPARTMENT OF COMMERCE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CALLER BOX 10007, CK
SAIPAN, MP 96950
TEL. NO. (670) 663-3014/93 FAX NO. (670) 664-3067
DIVISION OF ENFORCEMENT & COMPLIANCE
BUREAU OF TAXICABS
CAPITOL HILL

TAXICAB OWNER'S CERTIFICATION

_____ OWNER OR TAXICAB BUSINESS _____
(OOWNER'S NAME) (DOING)

_____ HEREBY AUTHORIZE _____
(BUSINESS AS) (NAME OF OPERATOR)

TO OPERATE MY TAXICAB NO. _____ UNIT NO. _____

ADDRESS INFORMATION

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

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

SIGNATURE OF OWNER DATE

SIGNATURE OF OPERATOR DATE

SIGNATURE OF BOT OFFICER DATE

ENDORSEMENT NO. 1

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

- THREE (3) 2 " X 2" PHOTOGRAPH (MUST BE CURRENT AND NOT MORE THAN SIX MONTHS OLD) YES ___ NO ___
- COPY OF CRIMINAL RECORDYES ___ NO ___
- COPY OF TRAFFIC RECORDS SEARCH & HISTORYYES ___ NO ___
- COPY OF HEALTH CERTIFICATE (NOT MORE THAN SIX MONTHS OLD)YES ___ NO ___
- COPY CNMI DRIVER'S LICENSEYES ___ NO ___
- COPY OF BMV TAXI OPERATOR'S LICENSEYES ___ NO ___
- TAXICAB OWNER'S CERTIFICATIONYES ___ NO ___
- COPY O F USCIS DOCUMENTS..... (IF GREEN CARD HOLDER).....YES ___ NO ___
- SKETCH OF LOCATIONYES ___ NO ___
- BUSINESS LICENSE _____ OWNER _____ OPERATOR _____.....YES ___ NO ___
- OPERATOR EMPLOYMENT DECLARATION (MUST BE NOTARIZED)YES ___ NO ___
- COPY OF EMPLOYMENT (RENEWAL OPERATOR) W-2 TAX FORMYES ___ 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 OF FITNESS REQUIREMENTS UNDER PUBLIC LAW 7-33 AND TAXICAB REGULATIONS NO. 1500 (APPROVED APPLICATIONS ARE CONDITIONAL).

RECEIVING OFFICER DATE

APPROVING OFFICER/SUPERVISOR DATE

ENDORSEMENT NO. II

*****BMV OFFICIAL USE ONLY*****

- 1. HAS EVER BEEN CONVICTED OF A FELONY?YES NO
- 2. HAS EVER BEEN CONVICTED OF A HOMICIDE?YES NO
- 3. HAS EVER BEEN CONVICTED FOR FLEEING OR ATTEMPTING TO ELUDE A POLICE OFFICER? YES NO
- 4. HAS EVER BEEN CONVICTED FOR THEFT OF A MOTOR VEHICLE? YES NO
- 5. HAS EVER BEEN CONVICTED FOR ANY TRAFFIC VIOLATION? YES NO
- 6. HAS EVER BEEN CONVICTED FOR VIOLATION OF THE UNIFORM CONTROLLED SUBSTANCE ACT OR DRUG RELATED OFFENSE? YES NO
- 7. HAS EVER BEEN CONVICTED FOR RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS YES NO

WE HAVE REVIEWED THE APPLICATION FILED WITH BUREAU OF MOTOR VEHICLE AND CERTIFY THAT THE APPLICATION.

_____ HAS MET ALL THE CERTIFICATION OF FITNESS REQUIREMENTS UNDER 9 CMC SUB-SECTION 2301, TAXI DRIVER’S LICENSE.

_____ HAS NOT MET ALL THE CERTIFICATION OF FITNESS REQUIREMENTS UNDER 9 CMC SUB-SECTION 2301, TAXICAB DRIVER’S LICENSE FOR THE FOLLOWING REASON(S)

OIC, BUREAU OF MOTOR VEHICLES

ENDORSEMENT NO. III

*****FOR B.O.T. OFFICIAL USE ONLY*****

I HAVE REVIEWED THE APPLICATION FILED WITH THE BUREAU OF TAXICABS, TOGETHER WITH THE ENDORSEMENT FROM BUREAU OF MOTOR VEHICLE AND CERTIFY THAT THE APPLICATION FOR A CERTIFICATION OF FITNESS.

_____ HAS MET ALL THE CERTIFICATION OF FITNESS REQUIREMENT UNDER PUBLIC LAW 7-33 AND TAXICAB REGULATIONS 1500. THE APPLICATION FOR CERTIFICATE OF FITNESS & TAXICAB OPERATOR’S IDENTIFICATION CARD IS HEREBY APPROVED.

_____ HAS NOT MET ALL THE CERTIFICATION OF FITNESS REQUIREMENT UNDER PUBLIC LAW 7-33 AND TAXICAB REGULATIONS 1500. THE APPLICATION FOR CERTIFICATE OF FITNESS & TAXICAB OPERATOR’S IDENTIFICATION CARD IS HEREBY DENIED.

DAVID S. PALACIOS
DIRECTOR, ENFORCEMENT & COMPLIANCE