



DEPARTMENT OF COMMERCE
BUREAU OF TAXICABS
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CALLER BOX 10007, CK, SAIPAN, MP 96950
POHNPEI STREET, CAPITOL HILL
TEL. NO (670)664-3014/93, FAX NO. (670) 664-3067
E-mail cnmi.enforcement@commerce.gov.mp

TAXICAB VEHICLE APPLICATION

PROCEDURE OVERVIEW

1. Any person who owns a passenger vehicle and wants to use the vehicle as Taxicab should complete “The Taxicab Vehicle Application” and submit it together with the items 1,2,&3 listed below to the Bureau of Taxicabs for review and approval.
2. An Enforcement & Compliance Officer shall review the application and inspect the vehicle pursuant to the requirements of the Taxicab Rules and Regulations No. 1500.
3. An approved application will be issued a taximeter worksheet for installation of the meter and stenciling of the doors. The owner or operator shall be responsible for all necessary payment of services.
4. After installation of taximeter and stenciling of doors are completed, a final inspection of the vehicle item no. 4 listed below shall be conducted by a BOT Enforcement and Compliance Officer.

REQUIREMENTS

- 1) CURRENT VEHICLE REGISTRATION.
- 2) CURRENT TAXI INSURANCE POLICY WITH RECEIPT OF FULL PAYMENT.
- 3) CURRENT SAFETY INSPECTION REPORT (NOT MORE THAN 30 DAYS).
- 4) TAXIMETER, FIRE EXTINGUISHER, CHILD RESTRAINT SEAT, DOME LIGHT.
- 5) VEHICLE MUST BE LESS THAN 12 YEARS.

IMPORTANT NOTICE

THE OWNER OF A TAXICAB INVOLVED IN AN ACCIDENT MUST SUBMIT A DEPARTMENT OF PUBLIC SAFETY ACCIDENT REPORT TO THE BOT.

PLEASE INFORM OUR OFFICE OF ANY INTENT TO STOP BUSINESS OR DE-REGISTER A TAXICAB

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GENERAL INFORMATION

REGISTERED OWNER'S FULL NAME (LAST, FIRST, MI):

NAME OF TAXICAB COMPANY:

HOME PHONE #: _____ BUSINESS PHONE #: _____

POSTAL ADDRESS: _____ VILLAGE: _____ ST. _____

VEHICLE MAKE: _____ VEHICLE MODEL: _____

YEAR: _____ COLOR: _____ LICENSE PLATE NO.: _____

REGISTRATION EXPIRATION: _____ PASSENGER CAPACITY: _____

MILEAGE: _____ VEHICLE IDENTIFICATION NO. _____

INSURANCE CO.: _____ POLICY NO.: _____

EFFECTIVE PERIOD: _____ TO: _____

VEHICLE SAFETY INFORMATION

1. Is the vehicle currently being operated as a taxicab in the CNMI? Yes ___ No ___
2. Are there more than one taxicab registered to the above owner? Yes ___ No ___
3. Does each operator have in their possession a valid BOT ID Card? Yes ___ No ___
4. Does this vehicle have a current Safety Inspection Report? Yes ___ No ___
By Whom _____ Date Issued _____
5. Does this vehicle have any window tint or shades that may obstruct visibility from those both inside and outside the vehicle? Yes ___ No ___
6. Does this vehicle have a Fire Extinguisher? Yes ___ No ___
7. Does this vehicle have seat belts for all passengers? Yes ___ No ___
8. Is a Child Restraint Seat available? Yes ___ No ___

9. Does this vehicle have an Exterior Taxicab Dome Light? Yes ___ No ___
10. Is a Two-Way Communication Radio to be used for this vehicle? Yes ___ No ___
 If yes, indicate the type of radio to be used. CB _____/UHF _____/VHF _____
 What Channel will be used? _____ What frequency? _____
11. Does this vehicle have any decals, stickers, markings, or advertisements?
 Yes ___ No ___

NOTE: The layout, color and size of letters that appear on the exterior of the vehicle will be in accordance with the stencils that have been pre-approved by the Director of Enforcement & Compliance. The Taximeter installation and stenciling should be completed before a final inspection is conducted by BOT.

I SWEAR TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION I, (APPLICANT) PROVIDED ARE TRUE AND CORRECT.

 Signature of Applicant

 Date

ENDORSEMENTS

I HAVE REVIEWED THE INFORMATION PROVIDED IN THIS APPLICATION AND INSPECTED THE VEHICLE AND HEREBY CERTIFY THAT THE VEHICLE ___ **HAS MET**/___ **HAS NOT MET** ALL THE VEHICLE REQUIREMENTS UNDER PUBLIC LAW 7-33 AND TAXICAB REGULATIONS NO. 1500.

 Signature of Reviewing Officer

 Date

 Signature of Enforcement & Compliance Director

 Date