



APPLICANT REFERENCE FORM

NOTICE: Applicants must submit three (3) Applicant Reference Forms completed by three (3) separate individuals who:

- A. Are NOT related to you by blood or marriage.
 - B. Individuals must know the applicant for more than 12 months in order to qualify as a character reference.
 - C. Each character reference's signature must be notarized within thirty (30) days of filing application.
 - D. Character references may be contacted by a Westchester County Police Officer for verification.
- Supplying false information on this document may result in the filing of criminal charges.**

SECTION A. PERMIT APPLICANT'S INFORMATION

PRINT FULL APPLICANT NAME (LAST, FIRST, MI)	DATE OF BIRTH
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The above has filed an application to operate a for-hire vehicle/business/medical/municipal car in Westchester County, NY. The information completed below will be used in the process of evaluating the full candidate's suitability.

SECTION B. TO BE COMPLETED BY CHARACTER REFERENCE

- 1. Is the applicant related to you by blood or marriage?..... Yes No
- 2. For how many years have you known the applicant?..... _____ Years
- 3. Describe your relationship with the applicant? _____
- 4. How would you rate the applicant in the following areas? **(Place a check mark in the appropriate box below.)**

	Very High	High	Average	Below Average	Not Acceptable
Character					
Honesty					
Reliability					

- 5. To the best of your knowledge, does the applicant use any substances that cause impairment? Yes No

If Yes, please note results:

- 6. Would you recommend that the Westchester County TLC grant the applicant a permit?..... Yes No
- 7. Please provide any further comment that you feel is relevant on the back of this form. If you do, please check box:

SECTION C. INFORMATION PERTAINING TO CHARACTER REFERENCE

PRINT FULL NAME (LAST, FIRST, MI)				DATE OF BIRTH	
ADDRESS (INCLUDE STREET, AVE ETC)		APT/SPACE/STE#		CITY	
		STATE		ZIP	
CELL PHONE ()		HOME PHONE ()		BUSINESS PHONE ()	
SIGNATURE OF CHARACTER REFERENCE X				DATE	

SECTION D. TO BE COMPLETED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document as a character reference.

State of New York, County of _____

The above (Character Reference) sworn before me on this _____ day of _____, 20 _____

SEAL

 Notary Public Signature

FOR OFFICE USE ONLY (COMPLETED BY WCPD TLC OFFICER)

Reviewed by: _____	SHIELD#: _____
Has the character reference been reached?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the character reference been successfully vetted?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Comments: _____ _____ _____	
Officer's Signature: _____	Date: _____