



Limo Application Unit  
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STATE OF NEW JERSEY

## EMPLOYMENT HISTORY CERTIFICATION - CHAUFFEUR

Company Name: (please print)			FEIN / TIN Number:		
Company Address: Street/PO Box:			City: State:		Zip Code:
Company Contact: Last	First	Middle Initial	Company Telephone Number: ( ) -		
Employee Name: Last	First	Middle Initial	Employee Driver License Number:		State:
Employee Address: Street/PO Box:			City: State:		Zip Code:
By signing this form below, I certify that the above named employee has been continuously employed as a limousine driver by this company since January 18, 2002 in accordance with NJSA 48:16-22.3a. This form must be carried by employee during operation of limousine.					
Authorized Company Representative Signature			Title:		Date:

**Please mail completed copy of form to:**  
 Motor Vehicle Commission  
 Limo Application Unit  
 PO Box 169  
 Trenton, NJ 08666-0169