



Limo Application Unit
 Phone: 609-292-7500 Ext. 5065
 Fax: 609-292-7504
 mvclimoapplication@mvc.nj.gov

STATE OF NEW JERSEY

LIMOUSINE DRIVER or RENTAL CAR CHAUFFEUR EMPLOYER CERTIFICATION APPLICATION

Company Name: (please print)			Company FEIN / TIN Number:		
Company Mailing Address: Street/PO Box:			City:	State:	Zip Code:
Contact Person: Last	First	Middle Initial	Telephone Number: () -	Company Email Address:	
Applicant Name:			Driver License Number:		State:
Applicant Mailing Address: Street/PO Box:			City:	State:	Zip Code:
Social Security Number:	Date Application Sent:		Does Applicant Currently Hold a CDL with Passenger (P) Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Official Use Only Do Not Write Below					
Date Application Received		Date Record Created		Date Notice Sent	
P Endorsement		Qualified		Disqualified	
Comments					

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