



CDL Unit
 Tel 609-292-7500 ext. 5077
 Fax 609-984-1245

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
 CDL Unit
 PO Box 685
 Trenton, NJ 08666-0685