



**New Jersey
Motor Vehicle Commission**

STATE OF NEW JERSEY
CDL Unit
PO Box 685
Trenton, NJ 08666

LIMOUSINE DRIVER EMPLOYER APPLICATION

Company Name (please print)		FEIN / TIN Number
Current Address	City, State, Zip Code	
Contact person First, MI, Last	Telephone number () -	
Applicant Name	NJ Driver License Number	
Current address	City, State, Zip Code	
Social Security Number	Date Application Sent	
For Official Use Only Do Not Write Below		
Date Application received	Date Record Created	Date Notice Sent
Qualified	Disqualified	
Comments		