

Class B - Taxicab Certification

This form must be completed and signed by the owner of a taxicab operating in Maryland.				
Name of Taxicab Ov	wner			
Address of Taxicab	company's princ	sipal place of busi	ness	
Year of Taxicab	Make	Model	Vehicle Identification No.	Business Phone No.
I, the undersigned, taxicab owner, hereby certify under penalty of perjury, that the taxicab identified above meets vehicle equipment safety and rate-meter standards required by law of the jurisdiction in which the vehicle operates and is in compliance with all laws and regulations in the jurisdiction which the vehicle operates.				
I further certify that this taxicab operates only in the following jurisdiction				
Signature of Applicant (If company, give capacity)				Date
Printed Name of Ap	plicant (If compa	any, give capacity)		
All owners must sig capacity after their		is a business er	ntity, the person legally authorized t	o sign must state their