BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
PHYSICIAN'S CERTIFICATE

Instructions:

This certificate must be completed and submitted with all applications for taxi/autocab driver's licenses. The form may only be completed by a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO).
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Name of Applicant:

Name of Examining physician/medical doctor:

Address:

Date of Examination:

Certification of Physician

I hereby certify that I have examined the above named applicant and in my medical opinion _____ (Name of Applicant) is fit for the safe operation of a taxi/autocab.

Dated:

_____
Signature of Examining Physician