



CITY OF PORTSMOUTH, NEW HAMPSHIRE  
OFFICE OF THE CITY CLERK

TAXICAB MEDALLION APPLICATION

**INSTRUCTIONS:** Please print or type all required information clearly. Along with your application, you must submit the fee, certificate of insurance, completed inspection form, and taximeter inspection form must be attached or this application *will not be accepted*.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insurance Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Length: \_\_\_\_\_

**VEHICLE INFORMATION**

1. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

2. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

3. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

4. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

5. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

6. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

7. \_\_\_\_\_  
Make          Year      Passengers      Color          VIN                                  Plate Number

**CERTIFICATION**

