

Non-Emergency Calls:
 Patrol Services Division: (914) 241-1100
 Detective Division: (914) 666-3855
 Youth Bureau: (914) 241-8945

Emergency Calls: (914) 666-5146
 Fax: (914) 241-3004



RICHARD A. FLYNN POLICE HEADQUARTERS
 VILLAGE/TOWN OF MOUNT KISCO

Louis M Terlizzi
 ACTING CHIEF OF POLICE

POLICE DEPARTMENT
 WESTCHESTER COUNTY, NEW YORK
 40 Green Street, Mount Kisco, New York 10549-0150

TAXICAB INSPECTION FORM

Taxicab Owner: _____
 Taxicab Owner Address: _____
 Taxicab Company Name: _____
 Taxicab Company Address: _____
 Taxicab Company Owner Name: _____
 Taxicab Company Owner Signature: _____
 Name of NYS Inspection Station: _____
 NYS Inspection Station Address: _____
 Name of Station Owner or Designee: _____
 Signature of Station Owner or Designee: _____
 Date of Inspection: _____ VIN #: _____

Vehicle Make / Year / License #			
	Pass	Fail	Comments
Brakes			
Tires			
Steering			
Shock Absorbers			
Exterior Lights			
Interior Lights			
Windshield/Other glass			
Windshield wipers			
Mirrors			
Horn			
Upholstery			
Floor Boards/mats			
Door handles/doors			
Body damage/rust			
Paint			
Directional signals			
Heater			
Speedometer			
Front and rear defrost systems			
Seatbelts			

Any repair work required after inspection must be completed within 10 days of inspection and proof of repair shall be presented to the licensing official. Failure to make necessary repairs and present proof may be grounds for suspension of an owner's license.

Upon successful completion of inspection, this form must be submitted to the Mount Kisco Police Department as proof of inspection in order to receive Taxicab License.

Copies of the following documents must be submitted with this form:

NYS Vehicle Registration

Title of Vehicle

Proof of Insurance

All inspection fees are the responsibility of the vehicle owner and are payable to the Inspection Station performing the inspection. These fees are not included in the application fee.

Any unauthorized alteration to this document will result in the denial and/or suspension of the taxicab license.

NOTICE: PURSUANT TO THE PENAL LAW § 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE ONLY:

POLICE DEPARTMENT RECOMMENDATION:

APPROVE

DISAPPROVE /REASON

DATE: _____

Blotter Number: _____

Officer's Signature

Application Fee Paid: _____ (Cash Check Money Order)

Sticker Issued: _____ **Date:** _____