



# **CAMBRIDGE LICENSE COMMISSION**

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831 Massachusetts Avenue, Cambridge, MA 02139  
Telephone: (617) 349-6140; Facsimile: (617) 349-6148; TTY/TTD (617) 349-6112  
[Hackney@cambridgema.gov](mailto:Hackney@cambridgema.gov)

## **LIVERY/LIMO INSPECTION SPRING 2019**

**Inspections begin:** Monday, April 1st and end Friday, April 12th  
Inspections are held Monday through Friday only

**Inspection Location:** Department of Public Works Garage,  
147 Hampshire Street, Cambridge

Hackney Medallion holders will fill out their packets prior to their inspection online at:  
[www.cambridgema.viewpointcloud.com](http://www.cambridgema.viewpointcloud.com). Emails will be sent to all medallion holders with instructions.

### **Livery and Limo Licensees will continue to fill out this paper application.**

Your appointment for inspection is on the schedule is on the next page. You may show up early for your inspection. Any cab or livery failing to show up for inspection during inspection period, without prior permission of the Hackney Office, may be fined up to \$300.00 and/or have the Medallion or livery license removed from the vehicle and the taxicab taken off the road.

**LIMO/LIVERY:** Please remember to bring a check or money order in the amount of \$100.00, made payable to the City of Cambridge for your annual inspection fee. A copy of your Massachusetts RMV Registration must be submitted in order for your vehicle to be inspected. Cash is not accepted as payment at the garage.

### **Reminders:**

- **You must submit a copy of your Massachusetts RMV Registration with your inspection documents.**
- Filling out your waybill could protect you if a customer files an inaccurate complaint against you. Waybills are available for purchase at the License Commission Office.

Regardless of the type of receipt, all passengers MUST receive a printed meter receipt that includes medallion number, date, transaction number, start and end miles, fare, tip, total, type of card, authorization, the Cambridge Hackney hotline number (617 349-6146) along with the hackney email: [Hackney@cambridgema.gov](mailto:Hackney@cambridgema.gov)

## MEDALLION/LIVERY/LIMO INSPECTION CALENDAR

	<b>April 1<sup>st</sup></b>	<b>April 2<sup>nd</sup></b>	<b>April 3<sup>rd</sup></b>	<b>April 4<sup>th</sup></b>	<b>April 5<sup>th</sup></b>
Day time	<b>Monday</b> Medallion #	<b>Tuesday</b> Medallion #	<b>Wednesday</b> Medallion #	<b>Thursday</b> Medallion #	<b>Friday</b> Medallion #
9-10 am	1-6	28-34	56-62	84-90	112-118
10-11 am	7-13	35-41	63-69	91-97	119-125
11-noon	14-20	42-48	70-76	98-104	126-131
12-1 pm	<b>No</b>	<b>Inspections</b>	<b>Lunch</b>	<b>Break.</b>	
1-2 pm	21-27	49-55	77-83	105-111	132-138
2-3 pm	AZ1/LV62146	LV57550/LV80606	LV65957/LV80565	LV72114/LV82185	RECALLS

	<b>April 8<sup>th</sup></b>	<b>April 9<sup>th</sup></b>	<b>April 10<sup>th</sup></b>	<b>April 11<sup>th</sup></b>	<b>April 12<sup>th</sup></b>
Day time	<b>Monday</b> Medallion #	<b>Tuesday</b> Medallion #	<b>Wednesday</b> Medallion #	<b>Thursday</b> Medallion #	<b>Friday</b> Medallion #
9-10 am	139-145	167-173	195-201	223-229	249-253
10-11 am	146-152	174-180	202-208	230-236	254-257
11-noon	153-159	181-187	209-215	237-243	<b>RECALLS</b>
12-1 pm	<b>No</b>	<b>Inspections</b>	<b>Lunch</b>	<b>Break.</b>	
1-2 pm	160-166	188-194	216-222	244-248	<b>RECALLS</b>
2-3 pm	LV69940/LV68240	LV65758/LV83934	RECALLS	RECALLS	RECALLS

## SPRING/FALL INSPECTIONS

During Inspection, the following Items will be checked to make sure they are in proper working order:

1. Lights:
  - a. Headlights: High and low beams;
  - b. Rear lights: Stop, brake, back up and rear window brake;
  - c. Trouble Lights: Both Sides.
2. Horn.
3. Windshield Wipers.
4. Current Registry of Motor Vehicles inspection sticker.
5. Interior lights.
6. Floorboards.
7. Doors: must be able to open and close easily and safely.
8. Body damage: "waiting for insurance" will not be accepted as a reason for body damage.
9. Wheel covers (hubcaps). Must have all four.
10. Trunk. Clean with spare tire inflated and secured.
11. Tires. Tread amount will be examined.
12. Overall cleanliness.
13. Only washed cars will be inspected.

A	B	C	D	E
Item/Description	Comments	Inspected	Recommended	Required
Control Arm Bushings Front				
Stabilizer Bar Bushings/Link				
Lower Ball Joint				
Upper Ball Joint				
Wheel Bearings/Seals				
Strut Shock Absorber				
Struck/Shock Mounts				
Outer Tie Rod Ends				
Inner Tie Rod Ends				
Adjusting Sleeves				
Idler/Pitman Arms				
Center Lint				
Steering Gear/Rack & Pinion				
CV/U-Joints				
CV Joint Boots				
Tires/Wheels				

## LIVERY/LIMOUSINE INFORMATION SHEET

Corporate Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Doing Business As (d/b/a): \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **OWNER'S CONTACT INFORMATION:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### **MANAGER/LESSEE(S) INFORMATION:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **VEHICLE INFORMATION:**

Manufacturer: \_\_\_\_\_

Model Year: \_\_\_\_\_ Model Name: \_\_\_\_\_ Color: \_\_\_\_\_

Motor Vehicle ID Number: \_\_\_\_\_

Mass. Registration Number: \_\_\_\_\_

**SPRING INSPECTION REQUIREMENT**  
**FOR ALL LIVERY OWNERS**

Please bring this form to the Traffic, Parking and Transportation Department at 344 Broadway to confirm that all tickets are paid and to the Treasurer's Office, First floor of City Hall, to verify that all current & prior year excise taxes have been paid based on computer data.

Livery Company Name: \_\_\_\_\_

RMV Plate Number: \_\_\_\_\_

**Traffic, Parking and Transportation Department:**

The requirements of this office for the above vehicle have been satisfied regarding the above Motor Vehicle:

\_\_\_\_\_  
Stamp or Signature of Traffic, Parking and Transportation Dept.

\_\_\_\_\_  
Date

**Treasurer's Office:**

All current and prior year excise taxes have been paid based on computer data.

\_\_\_\_\_  
Stamp or Signature of City Treasurer's Office

\_\_\_\_\_  
Date

**LIVERY/LIMOUSINE INSURANCE VERIFICATION FORM**  
**INSPECTION SPRING 2019 INSPECTION**

Manufacturer: \_\_\_\_\_  
Model Year: \_\_\_\_\_ Model Name: \_\_\_\_\_ Color: \_\_\_\_\_  
Motor Vehicle ID Number: \_\_\_\_\_  
Mass. Registration Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_

**Insurance Agent Information:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

<b>Stamp</b>
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The undersigned certifies that the above vehicle is currently insured.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date