

## **APPLICATION FOR TAXICAB AND/OR SEDAN/LIMOUSINE OPERATOR'S LICENSE**

The DC Taxicab Commission (DCTC) will process applicants for a Taxicab and/or Sedan/Limousine Operator's License examination on a walk-in basis. Effective January 5, 2015 the examination will be given ONLY Tuesday-Friday, 8:30 am-1:30 pm. Individuals who want to obtain a Taxicab and/or Sedan/Limousine Operator's License shall report to DCTC, 2235 Shannon Place, SE, Suite 2001, Washington, DC. Visitors to the building must show identification and pass through the metal detector. The Application for a New Public Vehicle Operator's License must be completed prior to taking the exam and you must also bring the necessary documents listed on the application. Failure to bring the required documents will result in you not being allowed to take the exam. You will be provided with the results of your examination upon completion of the exam.

Please note: Fingerprints do not need to be obtained until after successful completion of the examination.

Interested persons should report to the DCTC Office with the following:

- Application for New Public Vehicle Operator's License (fully completed)
- Money order payable to DC Treasurer or credit/debit card to pay the exam fee (\$100), fingerprint fee (\$49.50) and license fee (taxi \$125; sedan/limo \$275; taxi/sedan/limo \$275). All fees are non-refundable regardless of the outcome of your application and must be paid prior to taking the exam.
- A valid Driver's License (must have lived in the DC metropolitan area for at least one year)
- A valid Social Security Card (original card, no copies or paperwork)
- Immigration documentation, if applicable (must have proof of residency & authorization to work)
- Two (2) full-faced color passport photographs with white background

The application can be downloaded from the DCTC website, along with the attached study guide for the taxicab exam and the sedan/limo exam.

REPORT OF PHYSICAL EXAMINATION

NAME \_\_\_\_\_
ADDRESS \_\_\_\_\_
EYESIGHT \_\_\_\_\_ HEARING \_\_\_\_\_ HEART \_\_\_\_\_ BP \_\_\_\_\_
CHEST X-RAY \_\_\_\_\_ TB TEST \_\_\_NEG\_\_\_POS \_\_\_\_\_ DATE OF TEST \_\_\_\_\_
SIGNATURE/STAMP \_\_\_\_\_

ARE THERE ANY INDICATIONS OR INFIRMATIES IN THE JUDGMENT OF THE PHYSICIAN THAT WOULD RENDER THE APPLICANT UNFIT TO OPERATE ANY OF THE FOLLOWING?

TAXICAB \_\_\_\_\_ LIMOUSINE \_\_\_\_\_ NOT-FOR-HIRE \_\_\_\_\_ TAXI/LIMO/SEDAN \_\_\_\_\_ TAXI/LIMO \_\_\_\_\_
SEDAN/LIMO \_\_\_\_\_ YES/NO \_\_\_\_\_

IF YES, PLEASE GIVE DETAILED INFORMATION: \_\_\_\_\_
\_\_\_\_\_

PERSONAL DESCRIPTION ATTACH PHOTOGRAPH BELOW

COLOR \_\_\_\_\_
SEX \_\_\_\_\_
HEIGHT \_\_\_\_\_
WEIGHT \_\_\_\_\_
EYE COLOR \_\_\_\_\_
HAIR COLOR \_\_\_\_\_

Two (2) full face & one (1) side profile, passport size without headdress (unless for religious purposes) must be submitted with this application.

PHYSICIAN SIGNATURE AND STAMP \_\_\_\_\_
ADDRESS \_\_\_\_\_
DATE OF EXAMINATION \_\_\_\_\_

In the past 3 years, have you had any mental or infectious diseases that would affect your ability to drive a taxicab? \_\_\_\_\_YES\_\_\_\_\_NO

Signature of Applicant in the presence of a Notary Public

\_\_\_\_\_, being duly sworn, deposes and says that the individual making the foregoing application for a character license to operate a public vehicle for hire: that the answers to the foregoing questions and other statement contained in this application are true of \_\_\_\_\_ own knowledge and belief.

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

This Application is subject to final approval by the DC Taxicab Commission

Eric M. Rogers, Interim Chairman / John Scott, Chief of Operations Driver Services



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DC TAXICAB COMMISSION  
2235 Shannon Place, SE, Suite 2001 Washington, DC 20020  
(202) 645-6018

APPLICATION FOR NEW PUBLIC VEHICLE OPERATOR'S LICENSE

The making of any "FALSE" statements in the Application may subject the offender to the penalty prescribed by law. Detection of such false statements may result in the refusal of a license or if a license is granted, in revocation of said licenses.

FINGERPRINT NUMBER \_\_\_\_\_ FACE ID NUMBER \_\_\_\_\_

FOR OFFICIAL USE ONLY: SIGNATURE \_\_\_\_\_ (DCTC)

NEW \_\_\_\_\_ TAXI/LIMO \_\_\_\_\_ TAXI/LIMO/SEDAN \_\_\_\_\_

SEDAN/LIMO \_\_\_\_\_ TAXICAB \_\_\_\_\_ LIMOUSINE \_\_\_\_\_ NOT-FOR-HIRE \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_

Other Names Used \_\_\_\_\_ Marital

Status \_\_\_\_\_ Age \_\_\_\_\_

Previous Address (past 5 years) \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_\_ Where were you born \_\_\_\_\_

Are you a CITIZEN or LEGAL ALIEN \_\_\_\_ YES \_\_\_\_ NO Card Number \_\_\_\_\_ Exp Date \_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your driver's license ever been suspended/revoked? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been arrested for any criminal/traffic violation \_\_\_\_ YES \_\_\_\_ NO

If yes, explain \_\_\_\_\_

Do you currently have a FACE ID in any jurisdiction other than the District of Columbia?  
\_\_\_\_ YES \_\_\_\_ NO

If the answer is yes, where? \_\_\_\_\_

Are you registered or claim Diplomatic Immunity \_\_\_\_ YES \_\_\_\_ NO

Name of Present Employer \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Who to notify in case of an emergency? \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

IF YOU MOVE DURING LICENSED YEAR, HE/SHE MUST NOTIFY THE DC TAXICAB COMMISSION OF HIS OR HER NEW ADDRESS.



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DC TAXICAB COMMISSION  
2235 Shannon Place, SE, Suite 2001 Washington, DC 20020  
(202) 645-6018  
Email [dctc3@dc.gov](mailto:dctc3@dc.gov) Website [dctaxi.dc.gov](http://dctaxi.dc.gov)

APPLICATION REQUIREMENTS NEW APPLICANTS

YOUR APPLICATION FORM MUST BE RETURNED WITH ALL OF THE DOCUMENTS LISTED BELOW AND PASSPORT SIZE PICTURES, TWO (2) FULL FACE AND ONE (1) SIDE VIEW. ALL DOCUMENTS MUST BE CURRENT WITHIN 30 DAYS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. THE LICENSE FEE MUST BE PAID BEFORE PROCESSING. YOU MUST CLEAR ALL OUTSTANDING TICKETS AGAINST YOUR OPERATOR'S PERMIT, SOCIAL SECURITY NUMBER, NAME AND VEHICLE TAGS PRIOR TO SUBMITTING YOUR APPLICATION FOR FINAL PROCESSING.

1. **FINGERPRINTS:** You must be fingerprinted by the Civilian Prints Division, Metropolitan Police Department, Municipal Center, 300 Indiana Avenue, NW, Third 3rd Floor Room 3058, Washington, DC 20001. The hours are Monday thru Friday, 9:00am – 5:00pm. The DCTC receipt and license application must be presented at the time of fingerprinting. The Police Clearance (PD70) is included with the Fingerprints.
2. **LETTER OF REFERENCE:** You must submit three (3) letters of reference from business and professional persons who live in the Metropolitan Washington Area and who have known you for at least ONE (1) YEAR on their company letterhead. All letters of reference must be typed and should be on the business, professional or private stationary of the person writing the letter. If the letter is on plain paper, the writer should give his or her business or private address and telephone number where he or she may be reached during business hours. The persons signing the letter must be the person that prepared the letter. The three (3) reference letters must contain the words: HONESTY, INTEGRITY AND SOBRIETY IN EACH LETTER)

NOTE: Handwritten letters, letters typed on lined paper will not be accepted. Letters of reference from other public vehicle operators, limousine, taxicab and other company owners will not be accepted. (Your application has to be turned into the Office within 30 days).

3. **CLEAN HANDS FORM AND THE DC BUSINESS TAX REGISTRATION NUMBER:** You have to go to 1101 – 4th Street SW Washington, DC 20019, Customer Service Center, these two letters are required.
4. **CITIZENSHIP or PERMANENT RESIDENT:** If you “ARE NOT” a citizen or permanent resident of the United States, you must submit a valid Work Authorization, Green Card, I-94 Asylum or Resident Alien Card, that authorizes your eligibility for employment, in order to receive a license. If you are a Naturalized Citizen, you must bring in your Certificate or United States Passport.

5. **DRIVING RECORD FROM THE DISTRICT OF COLUMBIA:** You must also submit a driver's record from Maryland and Virginia in which you hold a valid motor vehicle license. All records must be up-to-date on which you submit them to this office. You can obtain the DC driver's record from the Department of Motor Vehicles (DMV) 95 M Street SW, Washington, DC. Your application will not be accepted if you have eight (8) or more points on your driver's record.
6. **MEDICAL HISTORY:** You must complete the white form requesting additional medical history information and have it notarized.
7. **TICKETS:** All outstanding tickets must be paid or schedule the ticket(s) for a hearing with the Office of Administrative Hearings (OAH) 441 4th Street NW Suite 450 North for Taxi or Limo tickets and Parking or Moving Ticket (s) will be paid or put on a hearing at 301 C Street NW, Department of Motor Vehicles (DMV). Individuals with eight (8) points or more on their driving record "are not eligible and their application "will not be accepted.
8. **NEW LIMO FEE:** When you have completed your application with all documents, you must submit everything with a \$150.00 Money Order or Credit Card (Visa or Mastercard) no checks.
9. **NEW TAXI FEE:** When you have completed your application with all documents, you must submit everything with a \$125.00 Money order or Credit Card (Visa or Mastercard) no checks.
10. **NEW TAXI/LIMO/SEDAN:** When you have completed your application with all documents, you must submit everything with a \$275.00 Money Order or Credit Card (Visa or Mastercard) no checks.
11. **NEW NOT VALID FOR HIRE:** When you have completed your application with all documents you must submit everything with a \$100.00 Money Order or Credit Card (Visa or Mastercard).
12. **NEW SEDAN/LIMO:** When you have completed your application with all documents you must submit everything with a \$150.00 Money Order or Credit Card (Visa or Master Card).
13. **NEW APPLICANTS:** You must submit proof of residency, including a copy of your current residence rental lease, deed or last year property tax's verifying one year of current residency, within the Metropolitan Area as defined by the Council of Governments.

If you do not have a lease or deed with your name on it, you must provide a typed, notarized letter stating that you reside at that place of residence from your landlord, family member, spouse or friend and that you have been residing there for more than one year. No car insurance, credit card, income tax, Mortgage Interest Tax, employee pay stub or any type of utility (Water, Gas, Electric) bill will be accepted.)

14. **DCMR TITLE 31, CHAPTER 10:** Requires that no license shall be issued to a person convicted or who has served any prison time in the last three (3) years for any of the following offenses in the District of Columbia or elsewhere:  
**MURDER, MANSLAUGHTER, MAYHEM, MALICIOUS, DISFIGURING, ABDUCTION, KIDNAPPING, BURGLARY, ROBBERY, LARCENY, ASSAULT WITH INTENT TO**

COMMIT ANY OFFENSE PUNISHABLE BY IMPRISONMENT IN THE PENITENTIARY,  
ANY SEX OFFENSE OR ANY VIOLATION OF THE NARCOTIC LAWS.  
IF YOU ARE ON PAROLE, PROBATION OR ANY OTHER COURT DICTATED  
PROGRAM, YOU MUST SUBMIT A LETTER FROM YOUR PAROLE OR PROBATION  
OFFICER ON THEIR ORGANIZATION LETTERHEAD THAT GIVES:

- (a) The Charge(s) that you were convicted of:
- (b) The state(s) and country(ies) where you were convicted:
- (c) The sentence(s) you received:
- (d) The amount of time left on your probation:
- (e) That you are currently in compliance with the terms of release; and
- (f) The parole or probation officer has no objection to you receiving a license.