



DISTRICT OF COLUMBIATAXICAB COMMISSION

2235 Shannon Place SE, Suite 2001 WASHINGTON, D.C. 20020 Phone: 855-484-4966

Fax: 202 889-3604 Email: dctc3@dc.gov Website: dctaxi.dc.gov

RENEWAL FORM INSTRUCTIONS

Requirements:

1. **COMPLETE RENEWAL FORM:** You must complete all items on the "Public Vehicle For Hire Operator License Renewal Form." The application must be notarized with the notary's seal affixed. The physical examination information (Page 2) must be completed and signed by a physician residing in the Metropolitan Area.
2. **CRIMINAL HISTORY:** You must obtain an MPD Criminal History Request Form, PD-70 (police clearance from the Municipal Center at 301-C Street, NW, Room 3055, Washington, DC 20001).
3. **DEPT OF MOTOR VEHICLES:** You must obtain a DC Drivers Request Record from the Department of Motor Vehicles (DMV) located at 95 M Street, SW, Wash, DC 20024. It will take up to seven (7) days for DMV to process your request. **Individuals with eight (8) points or more on their driving record "are not" eligible and their application "will not" be accepted. NO EXCEPTIONS!**
4. **YOU MUST PAY ALL OUTSTANDING TICKETS AGAINST YOUR DRIVING PERMIT NUMBER, SOCIAL SECURITY NUMBER AND NAME OR SCHEDULE A HEARING ON THOSE TICKETS PRIOR TO SUBMITTING YOUR APPLICATION.** If a hearing is scheduled, you must provide a copy of the Hearing Notice displaying the scheduled date. Tickets may be paid at the Department of Motor Vehicles (DMV) located at 301 C Street, NW, Wash, DC 20001 or (202) 727-5000 with a valid credit card.
5. **RESIDENCY:** If you are not a resident of the District of Columbia, you must provide a Drivers Record from the state of residence where you are currently licensed and a DC Driver Record.
6. **IF YOU WERE NOT BORN IN THE UNITED STATES:** you must provide one (1) of the following documents with your application: (a) Resident Alien Card; (b) A Valid Employment Authorization Card; (c) A Naturalization Citizenship Certificate; (d) A Valid US Passport; (e) I-94 Asylum.
7. **RENEWAL FEES: Not For Hire (\$100), Taxicab (\$250.00), Limo (\$300.00), Taxi/Limo (\$550.00)** must be paid when the application is submitted for processing. The payment may be made by a credit or debit card (Visa or MasterCard) or money order or personal check, payable to D. C. Treasurer. All checks must display the name and current address of the applicant. **NOTE: Second or third party checks, checks with a Post Office box number or starter checks will not be accepted.**
8. **PHOTOS:** You must attach two (2) front views (full face) and one (1) profile (side view) photograph. The photographs should be approximately 1-3/4" x 1 7/8"). **NOTE:** Photographs from an instant picture booth are not acceptable.
9. **DOCUMENTS:** All original documents must be submitted.
10. **PROOF OF RESIDENCY:** You must submit proof of residency, including a copy of your current rental lease, deed, or property tax verifying one year of current residency, rental residency within the Metropolitan Area defined by the Council of Governments. If you do not have a lease, deed, or property tax 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 statement, employee pay stub, mortgage payments or bills will be accepted.
11. **GOOD MORAL CHARACTER:** DCMR TITLE 31, CHAPTER 10 requires that no license shall be issued to a person convicted or has served any prison time in the last three years for any of the following offenses: Murder, manslaughter, mayhem, malicious disfiguring of another, abduction, kidnapping, burglary, theft, breaking and entering, robbery, or larceny; Assault with the intent to commit any offense punishable by imprisonment in the penitentiary; Assault on a hack inspector, police officer, or other government official, without regard to level of sentencing; A sex offense; or A violation of the narcotic laws, except simple narcotics possession without intent to distribute (misdemeanor) or possession of drug paraphernalia. If you are on parole or any other court dictated program, you must submit a letter from your parole or probation officer on their organization's letter head that gives: the charge(s) that you were convicted of, state and county(ies) where you were convicted, sentence you received, amount of time left on your probation, that you are currently in compliance with the terms of release, and the parole or probation officer has no objection to you receiving a license.
12. **CLEAN HANDS FORM & DC BUSINESS TAX REGISTRATION NUMBER:** these two (2) letters are required. You have to go to 1104 4th Street SW Washington DC 200019 Customer Service Center.



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PUBLIC VEHICLE FOR HIRE OPERATOR LICENSE RENEWAL FORM

APPLICANT INFORMATION

FACEID # _____

TYPE OF FACE: ☐ Taxicab ☐ Limousine ☐ Not For Hire

ACTION SOUGHT: ☐ RENEWAL ☐ DUPLICATE

ATTACH 2 FULL FACE & 1 SIDE PROFILE PASSPORT SIZE PICTURES
HERE. PICTURES MUST BE WITHOUT A HEADRESS UNLESS FOR
RELIGIOUS PURPOSES.

Full Legal Names _____ Signature _____ Date Signed _____

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Telephone Number _____ Alternate Number _____ Email _____

Date of Birth _____ Last four digits of SSN# _____ Driver License # _____

Confirm Work Authorization Status: ☐ US Citizen ☐ Legal Alien Card # _____ Card Expiration Date _____

Current Address _____ How long have you resided at your current address _____

If you have not resided at your current address since your last renewal or for the last 2 years please provide your previous addresses

Previous Address _____ How long did you reside at this address _____

Previous Address _____ How long did you reside at this address _____

Previous Address _____ How long did you reside at this address _____

Has your driver's license ever been suspended or revoked? _____

Have you ever been arrested for any criminal or traffic violation? _____

If yes to either, please explain _____

Do you currently have a FACEID in any jurisdiction other than the District of Columbia? _____ If yes, where _____

Are you registered or claim Diplomatic Immunity _____

Name, address, phone, email of present employer if applicable _____

Name, address, phone, email of a person to contact in case of an emergency _____

Relationship between emergency contact and applicant _____

Has your FACE ID ever been suspended or revoked? _____

Has your vehicle ever been impounded for a Title 31 violation? _____

If yes, please explain _____

In the past 3 years, have you had any mental or infectious diseases that would affect your ability to operate a public vehicle for hire? _____

If yes, please provide an explanation: _____

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PHYSICAL EXAMINATION REPORT

Full Legal Name of Physician _____ Signature _____ Date Signed _____

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Current Address _____

Telephone Number _____ Alternate Number _____ Email _____

Eyesight _____ Hearing _____ Heart _____ Blood Pressure _____

Chest Xray _____ TBTest _____ Heart _____ Date of Test _____

Are there any indications or infirmities in the judgment of the physician that would render the applicant unfit to operate a public vehicle for hire? _____

Does the applicant have a contagious disease, epilepsy, vertigo, fainting spells, blackouts, attacks of dizziness? _____

If yes, please provide an explanation:

_____**PHYSICIAN DESCRIPTION OF APPLICANT**

COLOR _____ SEX _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

NOTARY SECTION

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America that all information supplied on this form and any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that I have access to and am familiar with the requirements of the laws, rules and regulations applicable to public vehicles-for-hire, public vehicle-for-hire licenses, public vehicle-for-hire operating authorities and any and all other applicable requirements. I certify that I will comply with these laws, rules and regulations, specifically Title 31 DCMR, and all Commission orders and requirements.

Applicant's Name _____ Title _____ Signature _____ Date _____

Sworn and subscribed to before me on date _____ My Commission expires: _____

NOTARY PUBLIC SEAL

City/County of _____

District/State of _____