



GOVERNMENT OF THE DISTRICT OF COLUMBIA TAXICAB COMMISSION

2235 SHANNON PLACE, SE, Wash, DC 20020, (202)645-6001/855-484-4966
2ND Floor, Suite 2001, FAX (202) 645-3555, www.dctaxi.dc.gov

APPLICATION LICENSE REQUIREMENTS FOR NEW TAXICAB, LIMO and NOT VALID FOR HIRE VEHICLES

YOUR APPLICATION FORM MUST BE RETURNED WITH ALL OF THE DOCUMENTS LISTED BELOW, WITH PASSPORT SIZE PICTURES, TWO (2) FULL FACE AND ONE (1) SIDE VIEW IN ORDER FOR YOU TO TAKE THE TEST. ALL DOCUMENTS MUST BE CURRENT AND WITHIN 30 DAYS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. **DOCUMENTS:** All documents submitted to the DCTC must be original.
2. **COMPLETE APPLICATION FORM:** You must complete all items on side one of the "Application Requirements for New Taxicab License".
3. **MEDICAL HISTORY:** You must complete side two of the application regarding a physical examination and additional medical history. The physical examination form must be completed and signed by a physician located in the Washington, DC area and it must be notarized.
4. **LETTER OF REFERENCE:** You must submit three (3) letters of reference from **business and professional persons** who live in the Washington Metropolitan 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 stationery 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: 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.

5. **PROOF OF RESIDENCE:** You must submit Proof of Residency in one of the following ways: (1) a copy of your current residential rental lease, verifying at least one year of current residency within the Washington DC area, or (2) a copy of your deed, or (3) a copy of your property tax, or (4) a copy of your settlement papers. No exceptions. If the lease is handwritten, it must be notarized.

If you do not have a rental lease, deed, settlement papers or property tax with your name on it, you must provide a typed or hand written notarized letter stating that you reside and the current years of residence from your landlord, family member, spouse, or friend and that you have been residing there for more than one year. **Car Insurance, Credit Card Statement, Income Tax Returns, Utilities Bills, Mortgage Statement or Employee Pay Stub will not be accepted.**

6. **IF YOU WERE NOT BORN IN THE UNITED STATES:** You must provide your Social Security Card and 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, (f) or a Green Card.
7. **CRIMINAL HISTORY REQUEST:** You must obtain a Metropolitan Police Department (MPD) Criminal History Request Form (PD-70 police clearance). The form can be obtained from the Municipal Center at 301-C Street, NW 1st Floor Room 1075, Washington, DC 20001.
8. **DRIVING RECORD:** You must have a valid Motor Vehicle Operator's Permit from the Metropolitan Area and have 12 consecutive months of driving experience in the Metropolitan Area.

A: DC Residents: You must submit your driver's record to DCTC. Drivers records can be obtain at 95 M St, SW, Wash, DC or any Satellite office. Individuals with **eight (8) points** or more on their driving record "are not" eligible and their application "will not" be accepted. No exceptions.

B: Out of State Residents: If you are not a resident of the District of Columbia, you must provide a **(1)** a Drivers Record from the state of residence where you are currently licensed to drive and **(2)** a copy of your DC Drivers Record. Individuals with **eight (8) points** or more on their driving record "are not" eligible and their application "will not" be accepted.
9. **OUTSTANDING TICKETS:** In order for your application to be processed by DCTC, you must have all outstanding tickets against your driving permit and or, social security numbers paid or you must provide proof with a scheduled hearing date for those outstanding tickets. Tickets may be paid (1) in person at the DMV located at 301 C Street, NW, Washington, DC 20001 or by phone at (202) 727-5000, (2) or online at (3) www.dmv.dc.gov, with a valid credit card or cash. Tickets can be scheduled at the **(OAH)** Office of Administrative Hearings Located at 441 4th Street NW Suite 450 North, Washington, DC.
10. **CLEAN HANDS FORM and BUSINESS TAX REGISTRATION FORMS:** You must provide original copies of both the **(1)** DC Clean Hands Form and **(2)** DC Business Tax Registration Form. These forms can be obtained from 1101 4th Street SW, Washington, DC 20019, customer service desk or on line at www.dcrd.dc.gov.

11. **FEES:**

- a. **NEW TAXI: \$274.50** (which includes **\$125.00** for the License, **\$49.50** for Fingerprints and **\$100.00 for the Test**).
- b. **NEW LIMO: \$299.50** (which includes **\$150.00** for the License, **\$49.50** for the Fingerprints and **\$100.00 for the Test**).
- c. **NEW TAXI and LIMO: \$424.50** (which includes **\$275.00** for the License, **\$49.50** for Fingerprints and **\$100.00 for the Test**).
- d. **NEW NOT VALID FOR HIRE: \$100.00 Money Order or Credit Card (NO TEST).**

12. **Test Time and Location:** Licensing Test is given twice a week, Tuesday at 9:30am and Thursday at 11:30am only at 2235 Shannon Place, SE, Wash., DC 20020. Please arrive at least 30 minutes early for processing.

13. **Fingerprints:** After an applicant successfully passes the exam, DCTC will make an appointment for the applicants fingerprint examination. Fingerprints can take between six (6) to eight (8) weeks to return.

14. **Unsuccessful Test:** If a driver fails the test on the first attempt, they can take the test up to two addition times and each additional test costs \$100 per test.

15. **GOOD MORAL CHARACTER:** 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 TO BE SERVED IN A PENITENTIARY, ASSAULT ON A HACK INSPECTOR, POLICE OFFICER, GOVERNMENT OFFICIAL, 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.
- You should contact DCTC's Client Services within (6) Six to (12) weeks to inquire about your application status.



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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** _____
NEW _____ **DUPLICATE** _____ **TAXI and LIMO** _____ **TAXI/ LIMO** _____
NOT-FOR-HIRE _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Other Names Used _____ Marital Status _____ Age _____

Previous Address (past 5 years) _____

Phone Number (_____) _____ Social Security # ____-____-_____

Email _____

Date of Birth _____ Where were you born? _____

Are you a CITIZEN or LEGAL ALIEN ____ YES ____ NO Card Number _____ Exp Date ____

Drivers License Number _____ Expiration Date _____

Has your driver's license ever been suspended? ____ YES ____ NO

If yes, please explain _____

Has your driver's license ever been revoked? ____ YES ____ NO

If yes, please explain _____

Have you ever been arrested for any **Criminal offense** ____ YES ____ NO

If yes, explain _____

Have you ever been arrested for any **Traffic Violations** _____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, YOU NOTIFY THE DC TAXICAB
COMMISSION OF YOUR NEW ADDRESS.**

**To report waste, fraud or abuse by any DC Government office or official, call the DC
Inspector General at 1800-521-1639.**

REV 12/1/15



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 INFIRMITIES IN THE JUDGMENT OF THE PHYSICIAN THAT WOULD RENDER THE APPLICANT UNFIT TO OPERATE ANY OF THE FOLLOWING?

____ TAXICAB ____ LIMOUSINE ____ NOT-FOR-HIRE ____ TAXI ____ and LIMO ____

YES ____ NO ____

IF YES, PLEASE GIVE DETAILED INFORMATION: _____

PERSONAL DESCRIPTION

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

ATTACH PHOTOGRAPH BELOW



Two (2) full face & one (1) side profile, passport size without headdress (unless for religious purposes)

PHYSICIAN SIGNATURE AND STAMP _____

ADDRESS _____

DATE OF EXAMINATION _____

In the past 3 years, has the applicant had any mental or infectious diseases that would affect the applicant's 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____.

Rev 12/1/15