



Government of the District of Columbia
Department of For-Hire Vehicles

2235 SHANNON PLACE, SE, Washington, DC 20020, 2ND Floor – Suite 2001

Phone: (202) 645-7300 | Website: <http://dfhv.dc.gov>

FOR-HIRE OPERATOR LICENSE REQUIREMENTS

NEW AND RENEWAL TAXICAB, LIMOUSINE and NOT VALID FOR HIRE VEHICLES

DOCUMENTS: All documents submitted to the DFHV must be original unless otherwise listed as acceptable.

COMPLETE APPLICATION FORM: The application must be fully completed to be accepted.

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.

Photographs: You must attach two (2) front view full face photographs, and one (1) side view profile photograph. The photographs should be passport sized. **Note: Photographs from an instant photo booth are not acceptable.**

PROOF OF RESIDENCE:

***If you are a District of Columbia resident and possess the "DC Real Driver's License," the below requirements are not applicable as this License satisfies your proof of residency requirement.**

You must provide 1 of the documents listed below to satisfy proof of residency. All documents must coincide with the address listing on your current driver's license. DFHV will NOT accept documents that are not listed below to satisfy proof of residence:

- ✦ Utility bill (water, gas, electric, oil, or cable), with name address, issued within the last 60 days (disconnect notices/bills are not accepted).
- ✦ Telephone bill (cell phone, wireless bills acceptable) reflecting applicant's name and address, issued within the last 60 days (disconnect notices/bills are not accepted). ✦ Deed, mortgage, or settlement agreement reflecting name and property address.
- ✦ Unexpired lease or rental agreement with the name of the applicant listed as the lessee, permitted resident, or renter (photo copies accepted).
- ✦ Unexpired homeowner's or renter's insurance policy reflecting the applicant's name and address
- ✦ Bank /credit union/credit card/investment account statement issued within the last 60 days reflecting name and address

- ✦ Official mail-received from ANY government agency (with full name and address) to include contents and envelope received within the last 60 days.
- ✦ Medical bills issued within the last 60 days reflecting name and address
- ✦ Student loan statement issued within the last 60 days reflecting name and address
- ✦ Home line of equity statement issued within the last 60 days reflecting name and address.
- ✦ Car/personal loan statement (no coupon books/vouchers accepted) issued within the last 60 days reflecting name and address
- ✦ Home security system bill issued within the last 60 days reflecting name and address.
- ✦ Letter on official letterhead issued by DC Universities and Colleges reflecting the customer's name and address.

All APPLICANTS must provide their **Social Security Card**. No exceptions.

- **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, (f) or a Green Card.

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.

***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 3 years for any of the following offenses in DC 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:

The Charge(s) that you were convicted of:

The state(s) and country(ies) where you were convicted:

The sentence(s) you received:

The 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.

DRIVING RECORD: You must have a valid Motor Vehicle Operator's Permit from the Washington, DC 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 DFHV. Drivers records can be obtained 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.

- **C: Outstanding Tickets:** For your application to be processed by DFHV, 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 in person at the DMV located at 301 C Street, NW, Washington, DC 20001 or by phone at (202) 7275000, or online at www.dmv.dc.gov, with a valid credit card or cash. Tickets can also be scheduled at the **(OAH)** Office of Administrative Hearings Located at 441 4th Street NW Suite 450 North, Washington, DC.

CLEAN HANDS & BUSINESS TAX REGISTRATION FORMS: You must provide an original copy of your Clean Hands and DC Business Tax Registration Form. This form can be obtained from 1101 4th Street SW, Washington, DC 20019, customer service desk.

NEW APPLICANTS:

Test Time and Location: The For-Hire Operator Licensing Examination is held at 9:30 AM on Fridays only at 2235 Shannon Place SE, Wash., DC 20020. You must arrive 30 minutes early to register for the test. Late applicants will not be permitted in the testing area after 9:00 a.m.

***Effective January 2020 the examination will be offered Monday – Friday from 9:30 AM – 2:30 PM.**

- **Unsuccessful Test:** An applicant who does not pass the exam on the first attempt will be permitted to retake the exam. If the applicant remains unsuccessful in passing the exam within 30 calendar days, they will be required to reapply for the operator license. Each examination will cost an additional \$100.00.
- **Driver Training:** Any Taxicab Face ID Renewal Applicant must complete DFHV’s online Driver’s Training. The training can be accessed on our website: www.DFHV.dc.gov, or you visit the DFHV Service Center where we have trained instructors to assist.

Fingerprints: After an applicant successfully passes the exam, they must make an appointment for a fingerprint examination. Fingerprints can take between two (2) to three (3) weeks to return.

Fees:

| | | |
|-----------------|---------------------------|---|
| Face ID License | New Taxi: | \$149.50 (Fingerprint & Examination) \$125.00 (Public Vehicle Operator License Fee for 1 Year) |
| | Renewal: | \$250.00 (Public Vehicle Operator License Fee for 2 Years) |
| | New Limo: | \$149.50 (Fingerprint & Examination Fee) \$150.00 (Public Vehicle Operator License Fee for 1 Year) |
| | Renewal: | \$300.00 (Public Vehicle Operator License Fee for 2 Years) |
| | New Taxi/Limo: | \$149.50 (Fingerprint & Examination Fee) \$275.00 (Public Vehicle Operator License Fee for 1 Year) |
| | Renewal: | \$550.00 (Public Vehicle Operator License Fee for 2 Years) |
| | New Not For- Hire: | (\$100.00) Application fee must be paid at the time of submission. No examination required. |
| Late Fees | 15 days: | \$25.00 |
| | 16-30 days: | \$50.00 |
| | 31-45 days: | \$100.00 |
| | 45 days – 1 Year: | \$150.00 |

The below payment methods are acceptable:



Money order – payable to the DC Treasurer

Personal check – payable to the DC Treasurer

(All Checks must display the name and current address of the applicant.)

***Second or third party checks, checks with a PO Box Number or starter checks will NOT be accepted.**

TO REPORT WASTE, FRAUD OR ABUSE BY ANY DC GOVERNMENT OFFICE OR OFFICIAL, CALL THE DC INSPECTOR GENERAL AT 1-800-521-1639.

DFHV

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NEW/RENEWAL APPLICATION

For Public Vehicle Operator License:
TAXICAB, LIMOUSINE & NOT VALID FOR HIRE

Application for Renewal of a Public Vehicle Operator's License: The making of any "FALSE" statements in the Application may subject the applicant to the penalty prescribed by DC 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.

| | | | |
|--|--|---|--|
| CAB NAME & NO: | | FACE ID NUMBER: | |
| Have you updated your phone number and email? | | Have you completed the free disability sensitivity training available on the online portal? | |
| <i>Please mark the necessary sections below as needed:</i> | | | |
| RENEWAL: | | DUPLICATE: | |
| TAXI/LIMO: | | TAXICAB: | |
| LIMO: | | NOT-FOR-HIRE: | |

Name _____

Address _____

_____ State _____ Zip _____

City _____

Previous Names _____

Marital Status (circle one): SINGLE MARRIED SEPARATED DIVORCED OTHER

Previous Address: _____

Phone Number: _____ (____) _____ Date of Birth: _____

Social Security #: _____ E-Mail: _____

Name of Present Employer _____

Where were you born _____

Are you a CITIZEN? YES / NO

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Are you a LEGAL ALIEN? YES / NO - If Yes, Card Number _____ Exp Date _____

Background Questions

Are you registered or claim Diplomatic Immunity? ___ YES ___ NO

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

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

Have you ever been arrested for any Criminal Offense? ___ YES ___ NO

Have you ever been arrested for any Traffic Violations? ___ YES ___ NO

If you answered YES to any background questions, please provide details:

Existing FACE ID Status:

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

If Yes, Where? _____

Emergency Contact Information:

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 MUST NOTIFY THE DEPARTMENT OF FOR-HIRE VEHICLES OF YOUR NEW ADDRESS.



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REPORT OF PHYSICAL EXAMINATION

NAME: _____

ADDRESS: _____

| | | | |
|--------------|--|------------------|--|
| EYESIGHT: | | HEARING: | |
| HEART: | | BLOOD PRESSURE: | |
| CHEST X-RAY: | | TB TEST RESULTS: | |
| | | DATE OF TB TEST: | |

ARE THERE ANY INDICATIONS OR INFIRMATIES IN THE JUDGMENT OF THE PHYSICIAN THAT WOULD RENDER THE APPLICANT UNFIT TO OPERATE A TAXI, LIMO, OR A NOT- FOR-HIRE VEHICLE?_YES_NO

If YES, please provide details:

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

PERSONAL DESCRIPTION DETAILS

| | | | |
|-------------|--|-----------------------|--|
| HEIGHT: | | SEX: | |
| HAIR COLOR: | | WEIGHT: | |
| EYE COLOR: | | DISTINGUISHING MARKS: | |

ATTACH PHOTOS HERE:

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

Physician Signature

Date of Examination

Physician Printed Name

Physician Stamp/Seal

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Physician Address

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____.

Signature of Notarial Officer

Commission Expiration Date

(Seal)



