



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF FOR- HIRE VEHICLES**

2235 SHANNON PLACE, SE, Washington, DC 20020, 2<sup>ND</sup> Floor – Suite 2001  
(202) 645-7300 or <http://dfhv.dc.gov>

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

**YOUR APPLICATION MUST BE RETURNED WITH ALL OF THE DOCUMENTS LISTED BELOW. YOU MUST SUBMIT 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 DFHV 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. **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.

5. **All applicants** must provide their **Social Security Number**. No exceptions.
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, (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). Obtain form at Municipal Center at 301-C Street, NW 1<sup>st</sup> Floor Room 1075, Washington, DC 20001.

8. **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 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 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 955 L'enfant Plaza, SW, Washington, DC 20024 or by phone at (202) 727-5000, or online at [www.dmv.dc.gov](http://www.dmv.dc.gov), with a valid credit card or cash. Tickets may also be scheduled for a hearing at the Office of Administrative Hearings (OAH) Located at 441 4<sup>th</sup> Street NW Suite 450 North, Washington, DC.

10. **BUSINESS TAX REGISTRATION FORM**: You must provide original copy of DC Business Tax Registration Form. The form can be obtain at 1101 4<sup>th</sup> Street SW, Washington, DC 20019. Drivers no longer have to obtain a Clean Hand Form. It will be secured by the DFHV staff from DCRA's website.

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/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 on Fridays only. Test time is 9:30 am at 2235 Shannon Place, SE, Wash., DC 20020. Please arrive 30 minutes early for processing.
13. **Fingerprints: After an applicant successfully passes the exam,** they must make an appointment for a 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 additional 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 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:

- (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 DFHV's Driver Services within (6) Six to (12) weeks to inquire about your 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/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 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_  
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? \_\_\_\_\_ 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 Violation's** \_\_\_\_\_ 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 MUST NOTIFY THE Department  
of FOR HIRE VEHICLES 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.**

**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 \_\_\_\_ 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)**

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 DFHV Director.**

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