



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

2235 Shannon Place, SE, Washington, DC 20020, 2nd Floor - Suite 2001
(202) 645-7300 or <http://dfhv.dc.gov>

RENEWAL APPLICATION INSTRUCTIONS

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

Requirements:

- 1. Documents:** All documents submitted to the DFHV must be original. **Documents cannot be more than 30 days old.**
- 2. Complete Renewal Form:** You must complete all items on side one of the “Renewal Application of a Public Vehicle Operator License.”
- 3. MEDICAL HISTORY:** You must complete side two of the renewal 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 metropolitan area and it must be notarized.
- 4. CRIMINAL HISTORY:** 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. **PLEASE TAKE YOUR FACE ID WITH YOU TO MPD.**
- 5 PROOF OF RESIDENCE: (Only applicable if address has changed since last renewal)**
You must submit proof of residency in one of the following ways: (1) a copy of your current residential rental lease that verifies 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 at the address on your application and the current years of residence from your landlord, family member, spouse, or friend. The letter should state that you have been residing at that address for more than one year. Car insurance, credit card statement, income tax returns, utilities bills, or employee pay stub will not be accepted as proof of residency.
- 6 IF YOU WERE NOT BORN IN THE UNITED STATES OR DO NOT HAVE A NATURALIZATION CERTIFICATE ON FILE:** You must provide one (1) of the following documents with your application: (a) Resident Alien Card; (b) A Valid Employment Authorization Card; (c) I-94 Asylum
- 7. DEPARTMENT OF MOTOR VEHICLES (DMV):**
A: DC Residents: You must obtain a DC Drivers Request Record located at 95 M St, SW, Washington, 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 (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.

8. **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 of 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, by phone at (202) 727-5000, or online at www.dmv.dc.gov, all payments must be made with a valid credit card or cash. Hearings can be scheduled at the Office of Administrative Hearings (OAH) Located at 441 4th Street NW Suite 450 North, Washington, DC.
9. **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” 1-7/8”). NOTE: Photographs from an instant picture booth are not acceptable.
10. **RENEWAL FEE:** TAXICAB (\$250.00), LIMO (\$300.00), TAXI/LIMO (\$550.00), NOT VALID FOR HIRE (\$100.00), must be paid when the application is submitted for processing. The payment can only be paid by money order, personal check – payable to the DC Treasurer, Visa, Master Card, Discover, or.
11. **Checks:** All checks must display the name and current address of the applicant. NOTE: Second or third party checks, checks with a PO Box number or starter checks will not be accepted.
12. **Late Fees:** Days – 1-15, \$25.00, 16-30 \$50.00, 31-45 \$100.00, 45 and up to One Year\$150.00.
13. **GOOD MORAL CHARACTER:** DCMR TITLE 31, CHAPTER 10: Requires that no license shall be issued to a person convicted of a crime 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, ADUCTION, 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(s) 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 may contact the Department of For-Hire Vehicles at (202) 645-7300 for the status of your license.
 - You must turn in your old face identification card when you pick up your new one. No exceptions will be made to this process.

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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 _____

City _____ State _____ Zip _____

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

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

Driver's License Number _____ Expiration 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

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)

