



GOVERNMENT OF THE DISTRICT OF COLUMBIA TAXICAB COMMISSION

2235 Shannon Place SE, Washington, DC 20020, 2nd Floor Suite 2001
(202) 645-6001/855-484-4966, FAX (202) 645-3555, www.dctaxi.dc.gov

Renewal Application Instructions

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

Requirements:

1. **Documents:** All documents submitted to the DCTC 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 HACK LICENSE WITH YOU TO MPD.**
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 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. **DEPARTMENT OF MOTOR VEHICLES (DMV):**

A: DC Residents: You must obtain a DC Drivers Request Record located 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 **(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 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 in person at the DMV located at 301 C Street, NW, Washington, DC 20001 or by phone at (202) 727-5000, or online at 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.
9. **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.dkra.dc.gov.
10. **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" z 1 7/8"). **NOTE:** Photographs from an instant picture booth are not acceptable.
11. **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 or Visa and Master Card, payable to the D. C. Treasurer.
12. **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.
13. **Late Fees:** Days – 1-15, \$25.00, 16-30 \$50.00, 31-45 \$100.00, 45 and up to One Year \$150.00.
14. **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 may contact the DC Taxicab Commission at (202) 645-6001, for the status of your license.
 - **You must turn in your old face identification card when you pick up your new one. No exceptions.**



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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 & NUMBER _____	FACE ID NUMBER _____
RENEWAL _____ DUPLICATE _____	TAXI/LIMO _____ TAXICAB _____
LIMO _____ NOT-FOR-HIRE _____	

Name _____

Address _____

City _____ State _____ Zip Code _____

Other name 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, please explain _____

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

If yes, please explain _____

Do you currently have a FACE ID in any jurisdiction other than the District of Columbia?

__ YES __ NO

If 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 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.



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/LIMO Yes ____ No ____

IF YES, PLEASE GIVE DETAILED INFORMATION: _____

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

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 _____

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____