

VEHICLE FOR HIRE DRIVER APPLICATION INFORMATION SHEET

REQUIREMENTS

- Valid Ohio Driver License
(At least six (6) months driving experience in Ohio)
- VFH Driver Application (Attached)
- Ohio Bureau of Motor Vehicles driver abstract
(Must be completed within thirty (30) days of application submission)
- Letter of Good Standing from the City Tax Division
- BCI Background check (Results directly mailed to License Section)
- Certified Tourism Ambassador (CTA) Certificate
(Professional drivers only)

FEES

Application Fee - \$20.00	Vehicle for Hire Driver License - \$35.00 Professional Driver License - \$50.00 Identification Card fee - \$5.00
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OFFICE HOURS

Monday 9:00 a.m. - 3:30 p.m.
Tuesday - Friday 8:00 a.m. - 3:30 p.m.

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONTHE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYORDEPARTMENT OF
PUBLIC SAFETY**VEHICLE FOR HIRE
DRIVER LICENSE
APPLICATION****HORSE CARRIAGE****TAXI****NEW
LIVERY****PROFESSIONAL TAXI****RENEWAL****MICRO TRANSIT****PEDICAB****QUADRICYCLE****APPLICANT INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Ohio Driver's License #:

Expiration Date:

Do you have six (6) months driving experience in Ohio? Yes No

Date of Birth:

Name of Employer: (If applicable)

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

All applicants will be required to provide Proof of Identity.

Have you had a City of Columbus license and/or permit, suspended or refused within the last three (3) years?

Yes No

If yes, please explain:

Have you ever been convicted of a felony? Yes No

If yes, please list all felony convictions that occurred in the United States within the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Are you registered as a sexual offender? Yes No

If yes, date registered:

HEALTH HISTORY

A physical by a physician or nurse practitioner is no longer required. All applicants must answer each question by checking the appropriate box.

Yes	No	
		Any serious illness or injury in the last five years?
		Head/Brain injuries, disorders, or illnesses
		Seizures, epilepsy
		Vertigo or dizziness
		Eye disorders or impaired vision
		If yes, do you wear corrective lenses?
		Loss of hearing
		If yes, do you wear a hearing aid?
		Known heart condition including heart disease heart attack , or other cardiovascular condition
		Addicted to drugs of abuse or alcohol
		Known medical or mental condition that effects infirmity

By signing this application, the applicant acknowledges that he/she is free of any disease, condition, infirmity, or addiction that might render the applicant unable to safely operate a motor vehicle or otherwise pose a risk to public health and safety.

PER REGULATIONS SET IN COLUMBUS CITY CODE 501.05(E), THE LICENSE SECTION HAS THE POWER TO MAKE RULES REGARDING THE "QUALIFICATIONS OF THE APPLICANTS AND THE CONDITIONS PRECEDENT THE APPLICANTS MUST MEET PRIOR TO THE ACQUISITION OF LICENSES." FOLLOWING THIS DIRECTION, ALL APPLICANTS MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.

_____ INITIALS

ALL INFORMATION CONTAINED IN THE APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THE APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary or Agent of Director of Public Safety

Must be SIGNED, DATED, and NOTARIZED.