

VEHICLE FOR HIRE DRIVER APPLICATION INFORMATION SHEET

REQUIREMENTS

- **Valid Ohio Driver License**
(At least six (6) months driving experience in Ohio)
- **Proof of Lawful Presence and Proof of Identity**
(See attached for valid documents)
- **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 or complete the Columbus Tax Division affidavit** (Attached)
- **BCI Background check** (Will be conducted at the License Section)
- **Pass the City of Columbus Taxi test**
(New taxi drivers only) (Test will be scheduled at the License Section)
- **Certified Tourism Ambassador (CTA) Certificate** (Professional drivers only)

FEES

Application Fee - \$10.00
BCI Background Check - \$32.00

Vehicle for Hire Driver License - \$35.00
Professional Driver License - \$50.00
Identification Card - \$5.00

CONTACT

License Section
750 Piedmont Rd | South Entrance
Columbus, OH 43224
(614) 645-8366

**All applicants are required to provide both Proof of Lawful Presence in the United States and Proof of Identity.
The following are examples of valid documents:**

Proof of Lawful Presence	Proof of Identity
<ul style="list-style-type: none">• U.S Passport or Passport Card• U.S. Birth Certificate• Green Card• Employment Authorization Card• Permanent Resident Card• Certificate of Naturalization• Consular Report of Birth Abroad	<ul style="list-style-type: none">• Ohio Driver's License (if applying for a Vehicle for Hire Driver) or otherwise• State issued I.D.• U.S. Military I.D.

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****NEW RENEWAL****LIVERY PEDICAB TAXI PROFESSIONAL TAXI HORSE CARRIAGE****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:

Are you legally authorized to work in the United States? Yes No

All applicants will be required to prove Lawful Presence in the United States and 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.

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.

For Licensing Use Only:
Letter of Good Standing Submitted
Yes No

Original Submission

Renewal Submission

AFFIDAVIT For License Application

State of Ohio)
County of Franklin) ss:

Nature of License Requested:

See the listing below

_____, being first duly sworn, deposes and says that I, and/or the business for which I am requesting a license, have no outstanding filing of tax returns and/or a tax due obligation with the City of Columbus, Division of Income Tax.

I, the undersigned, authorize the Columbus Income Tax Division to share relevant information with the Columbus License Section as to whether or not I am, or the referenced business is, in good standing with all City tax obligations.

Check one:

I have an existing tax account with the City of Columbus

I have had no need for a city tax account before this date.

Print Legal Name of Individual or Business for which the license is being requested

Mailing Address for Tax Returns or Correspondence

Social Security Number or Federal Employer Identification Number

City/State/Zip

Affiant (Applicant's) Signature

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 201_____.

Notary Public

Do not complete this Affidavit if you have an outstanding tax obligation with the Columbus Division of Income Tax or are uncertain about prior obligations. Incomplete, false or illegible information may result in the denial or revocation of your license. If you have any questions regarding prior tax obligations or you do not understand local taxes, please contact the Columbus Income Tax Division at (614) 645-7370, Monday through Friday 8:00 a.m. through 5:00 p.m.

My Commission Expires

This notarized form is to be submitted to:
Dept. of Public Safety
License Section
750 Piedmont Ave.
Columbus, Ohio 43215

Do not submit any Federal, State or City tax forms to the License Section. This Affidavit will be forwarded to the Columbus Division of Income Tax to determine your eligibility for a license or renewal.

Types of Licenses:

- Alarms
- Arcade
- Carnival
- Charitable Solicitations
- Closing Out Sale
- Closing Out Sale Extension
- Commercial
- Commercial Sales License
- Commercial Sales Promoter
- Distressed Merchandise Sale
- Distressed Merchandise Ext.
- Horse Carriage Company
- Horse Carriage Driver
- Itinerate Vendor
- Livery Chauffeur
- Livery's Owner License
- Massage Establishment
- Masseuse/Masseur
- Mobile Food Vendor
- Pedicab Driver
- Pedicab Owner
- Peer to Peer Company
- Peer to Peer Driver
- Pool Billiard
- Professional Fundraising
- Scrap Metal Facility
- Taxi Driver
- Taxi Owner