

## VEHICLE FOR HIRE DRIVER INFORMATION SHEET

### REQUIREMENTS

- VFH Driver application
- Valid Ohio Driver License (minimum of six (6) months driving experience)
- Ohio Bureau of Motor Vehicles Driver Abstract  
(Official abstract must be dated within thirty (30) days of application submission)
- Experience Columbus Insider (ECI) Certification  
(information available at columbusinsider.com)  
\*Only required for Professional VFH Driver license
- BCI Background check  
(If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

### PRICING

Application fee - \$20.00  
BCI Background Check fee - \$32.00

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

### OFFICE LOCATION & HOURS

4252 Groves Rd  
Columbus, OH 43232

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

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
  - \*2. Emailed to [vfh@columbus.gov](mailto:vfh@columbus.gov)
  - \*3. Mailed to the License Section (see above for location)
  - \*4. Placed in the License Section drop box
- \*Application must be notarized prior to submission

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OFFICE USE ONLY

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

DEPARTMENT OF BUILDING AND ZONING SERVICES  
LICENSE SECTION



DEPARTMENT OF BUILDING  
AND ZONING SERVICES

# VEHICLE FOR HIRE DRIVER APPLICATION

NEW RENEWAL

HORSE CARRIAGE LIVERY MICRO TRANSIT QUADRICYCLE PEDICAB  
TAXI PROFESSIONAL TAXI

### 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? Yes No

Date of Birth:

Name of VFH Employer:

Sex:

Height:

Weight:

Hair:

Eyes:

Have you had a City of Columbus license and/or permit, suspended or refused within the past three (3) years?  
Yes No

If yes, please explain:

Have you **ever** been convicted of a felony? Yes No Have you **ever** been convicted an OVI offense? Yes No

Please list all felony and OVI convictions that occurred within the past seven (7) years:

Are you currently on felony probation or parole? Yes No If yes, date began:

Are you currently required to register 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

**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	
		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.

Please be advised this section is voluntarily optional and exists for the convenience of the applicant:

The applicant expressly authorizes the License Section of the City of Columbus, Department of Building and Zoning Services to obtain the current unofficial driver abstract of the applicant via the Ohio BMV website in relation to the Vehicle for Hire Driver license for which application is being made. Any information provided will be held in strict confidence at all times and shall not be disclosed to any other department or division of the City of Columbus, nor used for any other purpose other than as stated.

Yes

Last four digits of SSN

No

All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 589 and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

State of Ohio, County of Franklin

I, \_\_\_\_\_, being duly sworn, affirm and swear that I am the  
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an applicant of that which is to be licensed by this application.

\_\_\_\_\_  
(Applicant's Signature)

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

\_\_\_\_\_  
Notary or Agent of Director of Building and Zoning Services