

Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____



DEPARTMENT OF BUILDING
AND ZONING SERVICES

Vehicle for Hire Professional Driver Annual Verification Form

Address: 4252 Groves Road, Columbus, Ohio 43232

Phone: 614-645-8366

Email: vfh@columbus.gov

☐ Livery

☐ Micro Transit

☐ Quadricycle

☐ Pedicab

☐ Taxicab

Applicant Information:

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Have you accumulated any points on your driving record in the past twelve (12) months? ☐ Yes ☐ No

Please be advised that this section is voluntary and exists for the convenience of the applicant:

The applicant expressly authorizes the City of Columbus License Section 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 purpose other than as stated.

☐ Yes _____
Last four digits of SSN

☐ No

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the

Print Applicant Name

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

Applicant Signature

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

Notary or Agent of Director of Building and Zoning Services