THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Vehicle for Hire Driver Information Sheet

Phone: 614-645-8366
Email: vfh@columbus.gov

Requirements:

- Vehicle for Hire Driver Application
- Valid Ohio Driver License (minimum of six (6) months driving experience)
- Ohio Bureau of Motor Vehicles Driver Abstract (bmv.ohio.gov)
  *Certified abstract (dated within thirty (30) days of application submission) required for new or expired applicants
- Experience Columbus Insider (ECI) Accreditation (columbusinsider.com/collections)
  *Only required if applying for Professional VFH Driver license
- BCI Background Check
  *If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section

Fees:

Application	$20.00	Vehicle for Hire Driver license	$35.00
BCI Background Check	$32.00	Professional Driver license	$150.00
		Identification Card	$5.00

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

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☐ New ☐ Renewal

☐ Horse Carriage ☐ Livery ☐ Micro Transit ☐ Quadricycle ☐ Pedicab ☐ Taxicab ☐ Professional Taxicab

Applicant Information:

Name: _____ Date of Birth: _____

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

Driver License #: _____ State: _____ Expiration Date: _____

Phone #: _____ Email: _____

Do you have six (6) months of driving experience? ☐ Yes ☐ No

Have you **ever** been convicted of a felony? ☐ Yes ☐ No

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

List any felony or OVI convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

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

Have you **ever** been required to register as a sex offender? ☐ Yes ☐ No If yes, date registered: _____

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

Per CCC 589.02 (a)(1), you may only operate a Vehicle for Hire if the owner of the vehicle has obtained a Vehicle for Hire Owner license. Anybody in violation of CCC 589.02 (a)(1) is subject to criminal charges and revocation or suspension of their Vehicle for Hire Driver license.

Employer Information:

List all licensed Vehicle for Hire companies you will or may work for:

1. Company Name: _____ Taxicab # (if applicable): _____
2. Company Name: _____ Taxicab # (if applicable): _____
3. Company Name: _____ Taxicab # (if applicable): _____

Do you claim to knowingly be free of any disease, condition, infirmity, or addiction that might render you unable to safely operate a motor vehicle or otherwise pose a risk to public health and safety? ☐ Yes ☐ No

Do you agree to conform to and abide by all statutes contained within Chapters 585-594 (governing Vehicles for Hire)? ☐ Yes ☐ No

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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 _____ ☐ No

Last four digits of SSN

Certain information 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 or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. ☐

If you or a member of your immediate family is a designated public service worker employed in a position as listed under ORC 149.43 (A)(7), please provide a form of proof, along with the name and primary residence of said person: _____

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