

Administration and Regulatory Services Department  
Regulatory Services Division-Transportation Section  
5050 Wright Road  
Houston, Texas 77032  
281.233.2052 Facsimile  
Monday through Friday  
7:00 a.m. until 6:00 p.m.

**Driver's License Application Checklist**

**TAXICAB AND LIMOUSINE DRIVER APPLICANTS NO LONGER NEED TO GO TO THE HOUSTON POLICE DEPARTMENT FOR FINGERPRINTING**

- Obtain the Security Badge application at [www.fly2houston.com](http://www.fly2houston.com) and complete the application in its entirety then go to the Badge Office located at Bush Airport Terminal A, Baggage Claim level with \$45.00 (cash only) for fingerprinting.
- After fingerprinting wait **ten (10)** business days then call the Transportation Section @ 281.233.7860 to determine if your fingerprint clearance has been received from the Badge Office. There are no more fees for the license.
- If fingerprint clearance has been received by the Transportation Section, come to 5050 Wright Road with the completed Transportation Section driver application, including the completed physical form, warrants check page, and a 5-panel drug screen that was done in the preceding 30-day period. (You may obtain a list of suggested testing facilities from the Transportation Section)
- All Taxicab driver applicants must be prepared to take and pass the Taxicab Driver's Exam.
- After receiving the Taxicab or Limousine driver's license, you may go back to the Badge Office at Terminal A to pick up the Security Badge.

**Other Application Information**

- Incomplete applications will not be processed
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings
- Documents containing alterations, erasures, or outdated photos will not be accepted
- Applications are valid for 30-days from the date of the application.



# CITY OF HOUSTON

Administration & Regulatory Affairs  
Department

Regulatory Service Division  
5050 Wright Road  
Houston, Texas 77032  
(281) 233.7860 fax (281) 233.2052

## VEHICLE-FOR-HIRE DRIVER'S LICENSE APPLICATION

1. For which type of City issued driver's license do you want to apply?
  - Taxicab**
  - Limousine**
  - Jitney**
2. Texas Driver's License Number: \_\_\_\_\_ Class \_\_\_\_\_ Expirations Date: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
4. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_
5. Mailing Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Business Phone Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. List your places of residence for the past 5-years below:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_
9. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_
10. Have you previously had a license? Yes No (circle one)
11. Do you currently have a city issued driver's license? Yes No (circle one)
12. Have you had a city issued license suspended, revoked or denied? Yes No (circle one)
13. Have you had any traffic violations in the preceding 12-months? Yes No (circle one)
14. Have you ever been convicted of a crime? Yes No (circle one)
15. For what company do you intend to driver? \_\_\_\_\_
16. List your occupation(s) and company name(s) for the past 5-years below.

DATE	NAME OF COMPANY	ADDRESS	OCCUPATION

SCHEDULE M  
Vehicle-For-Hire Driver's  
Medical Examination Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Have You Ever Had: Heart Trouble? \_\_\_ Epilepsy? \_\_\_ Fainting Spells? \_\_\_

Diabetes? \_\_\_ Tuberculosis \_\_\_

If "Yes" to any of the above, explain:

**To Be Completed by Physician:**

Visual Acuity \* (If individual wears glasses, test and record acuity with and without glasses)

Without Glasses: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ B 20/ \_\_\_\_\_

With Glasses: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ B 20/ \_\_\_\_\_

Field of Vision \_\_\_\_\_ Degrees Depth Perception \_\_\_\_\_

Color Perception \_\_\_\_\_ Muscular Abnormalities \_\_\_\_\_

Hearing Without Hearing Aid: Right \_\_\_\_\_ Left \_\_\_\_\_

Heart Sounds: At Apex Murmur \_\_\_\_\_ At Base Murmur \_\_\_\_\_

Rhythm \_\_\_\_\_ Enlargement Indicated \_\_\_\_\_

Pulse: Rate \_\_\_\_\_ Regularity \_\_\_\_\_

Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Condition of Arteries: Sclerosis \_\_\_\_\_ Pulsations \_\_\_\_\_

Lungs: Rate \_\_\_\_\_ Breathing Sounds \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Extremities: Deformities \_\_\_\_\_

Routine Office Urinalysis \_\_\_\_\_

**Evidence of Infectious Disease, Mental Disability, Emotional Instability, or Drug Addiction \_\_\_\_\_**

Remarks regarding any Condition not within Normal Limits:

This is to Certify that I have examined: \_\_\_\_\_ and certify that he/she is mentally and physically fit to safely operate and drive a Vehicle-For-Hire.

Signature of Physician \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

Date of Examination \_\_\_\_\_

\*Either a licensed physician or a licensed optometrist may perform visual Examination.  
If additional space is needed, attach extra sheet.

**Declaration of Applicant:**

Under penalties of perjury, I (print name) \_\_\_\_\_, declare that I have examined this application and accompanying Schedule C (Character References Form) and Schedule M (Medical Examination Form) and to the best of my knowledge and belief, that all information herein is true, correct, and complete.

\_\_\_\_\_  
Applicant Signature

State of Texas  
County of Harris

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_ proved to me through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and knowledge that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal office this \_\_\_\_\_ day of \_\_\_\_\_, Ad 200 \_\_\_\_

\_\_\_\_\_  
Signature of Notary

**FOR OFFICE USE ONLY**

<p><b>MUNICIPAL COURTS WARRANTS CHECK 1400 LUBBOCK, 1<sup>ST</sup> FLOOR</b></p>	<p><b>CHECKED BY:</b>  _____ <b>CLERKS; CORPORATION COURT</b></p>
--	---

**SCHEDULE C  
CHARACTER REFERENCES FORM**

Name of Applicant:

\_\_\_\_\_ Last                      \_\_\_\_\_ First                      \_\_\_\_\_ MI

Texas Driver's License Number \_\_\_\_\_

**\*CHARACTER REFERENCE INFORMATION CANNOT BE COMPLETED BY THE APPLICANT. CHARACTER REFERENCES MUST HAVE KNOWN APPLICANT FOR MORE THAN ONE YEAR AND CANNOT BE RELATED TO THE APPLICANT\***

Character Witness #1

- Has the applicant ever been your employee? \_\_\_\_\_
- Does the applicant using liquor to excess or drugs? \_\_\_\_\_
- In your opinion is the applicant trustworthy? \_\_\_\_\_ Honest? \_\_\_\_\_ Good Character? \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Business \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Character Witness #2

- Has the applicant ever been your employee? \_\_\_\_\_
- Does the applicant using liquor to excess or drugs? \_\_\_\_\_
- In your opinion is the applicant trustworthy? \_\_\_\_\_ Honest? \_\_\_\_\_ Good Character? \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Business \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_