



Administration & Regulatory Affairs Department
Regulatory Affairs Division
1002 Washington Ave
Houston, Texas 77002
Phone: (832) 394-8803 Fax: (832) 395-9632
Monday through Friday -- 8:00 a.m. until 4:00 p.m.

Vehicle for Hire Driver's License Application Packet Guide

- You are required to be fingerprinted by MorphoTrust USA through an exclusive contract with the Texas Department of Public Safety.
 - Obtain the FAST Pass Packet from our offices located at 1002 Washington or on our website <http://www.houstontx.gov/ara/regaffairs/transportation>. If you do not use the designated FAST Pass Packet, ARA will not be able to obtain the results.
 - Schedule an appointment for your fingerprints by calling 1-888-467-2080 or online at www.identogo.com
 - The cost for this service is \$39.75. You may pay online or onsite with a check or money order. No cash!
 - Results will be submitted to our offices in approximately 5 days.
 - The fingerprint results are only valid for 30 days from the date completed.
- You are required to go to Municipal Courts, located at 1400 Lubbock St., to have a warrant check completed.
 - The cost for this service is \$20.00.
 - The warrant check will be stamped and signed on the application. The court representative will not provide you with any additional papers.
 - The warrant check results are only valid for 30 days from the date completed.
- You are required to have a physical and 5 Panel Non DOT drug screen completed.
 - The physical must be signed by a duly licensed physician by the Texas Medical Board or a healthcare professional that is certified by the Federal Motor Carrier Safety Administration. The doctor's address and contact number must be included on the form.
 - The physical and drug test results are only valid for 30 days for the date completed.
- You are required to provide a certified driving record from Texas and from any state that you have been issued a driver's license within three years preceding the submission of this application.
 - You may obtain the certified driving record online at www.txdps.state.tx.us/driverlicense/driverrecords.htm
 - You must select driving record type **3A**
- You are required to have the deed restriction form signed.
- **The license fee is \$11.06**
- **School Vehicle License Applicants MUST submit their school vehicle safety certificate.**
- **TNC Applicants MUST submit their company trade dress and their vehicle registration.**

Bring the following items to the Houston Permitting Center at 1002 Washington Ave:

- The completed vehicle for hire driver application.
- The physical must be signed by a duly licensed physician by the Texas Medical Board or a healthcare professional that is certified by the Federal Motor Carrier Safety Administration. The doctor's address and contact number must be included on the form within the preceding 30-day period.
- 5- Panel Non DOT drug screen that was completed and sealed in an envelope within the preceding 30-day period, with the Chain of Custody.
- Warrant check obtained from the City of Houston Municipal Courts within the preceding 30-day period.
- **Valid:**
 - 1) **Texas Driver's License**
 - 2) **Social Security Card AND**
 - 3) **Work Authorization, Naturalization Certificate or United States Passport.**

Other Application Information:

- Incomplete applications will not be processed or accepted.
- Only original documents will be accepted. No copies.
- Documents must have identical names and spellings.
- **All Vehicle for Hire operators should refer to the appropriate city code (Chapter 46) for specific details and requirements for operations/services: https://www.municode.com/library/tx/houston/codes/code_of_ordinances**



City of Houston
Regulatory Affairs Division
1002 Washington Ave.
Houston, Texas 77002
Phone: 832.394.8803 Fax 832.395.9632

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

For which type of City issued driver's license do you want to apply? (Check one)

- Charter Taxicab Limousine Jitney School Bus Low Speed Shuttle Pedicab TNC

Name: Last: _____ **First:** _____ **MI:** _____

Social Security Number: _____ Place of Birth: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address: _____ City: _____ Zip Code: _____

Phone Number: ____/____/____ Alternate Number: ____/____/____ Email: _____

Texas Driver's License Number: _____ Class: _____ Expiration Date: _____

Driver's License Restrictions (if any): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____ Marital Status: _____

Please check one:

- Have you previously had a city issued driver's license? Yes No
- Do you currently have a city issued driver's license? Yes No
- Have you had a city license suspended, revoked or denied? Yes No
- Have you had a state issued driver's license denied, revoked or suspended? Yes No
- Have you had any traffic violations in the preceding 12-months? Yes No
- Have you ever been convicted of a crime? Yes No

What company do you intend to drive for? _____

List your occupation(s) and company name(s) for the past 5-years below:

DATE	NAME OF COMPANY	ADDRESS	OCCUPATION

List your places of residence for the past 5-years below:

NUMBER	STREET NAME	CITY/STATE	ZIP



City of Houston
Administration and Regulatory Affairs Department
Regulatory Affairs Division
Applicant Declaration
***** NOTARY NOT REQUIRED*****

Declaration of Applicant:

My name is _____ (first, middle and last name),
my date of birth is _____ and my address is

_____ country.

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license, permit or certificate does not excuse or approve any violation of deed restrictions or city, state or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____
(month) _____ (year).

Applicant Signature

City of Houston Municipal Courts Department
1400 Lubbock St., Houston, Texas 77002 (Basement)
Warrant Check (\$20.00 charge)

For Office Use Only

<p style="text-align: center;"><u>Applicant Information:</u></p> <p>Name: _____</p> <p>TX DL: _____</p> <p>DOB: _____</p> <p>Status: _____</p>	<p style="text-align: center;">This certificate verifies that a database search for City of Houston Class "C" Warrants ONLY was performed on this date for the applicant declared on this form.</p>
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**DEED RESTRICTION AND
LAW COMPLIANCE AFFIDAVIT
*** NOTARY NOT REQUIRED*****

Please initial next to each paragraph:

_____ I understand and agree that it is my responsibility to comply with all deed restrictions and city, state, and federal laws, regulations and/or ordinances concerning any activity authorized by the license, permit, or certificate, requested in the application to which this affidavit pertains and concerning any land or place where such activities may be conducted.

_____ I also understand and agree that the City of Houston by issuing the license, permit or certificate for which I am applying does not excuse or approve of any violation of deed restrictions, of city, state or, federal laws, regulations or ordinances and that the license, permit, or certificate will be void in the event that it is used in violation thereof.

_____ I fully understand that if the permit, license, or certificate for which I am applying is issued, the City of Houston or any other appropriate entity may institute legal proceedings against me if I violate any deed restriction, or any city, state or federal law, regulation or ordinance.

_____ To the extent that this affidavit is made on behalf of a corporation or for the benefit of any persons other than myself, I certify that I have fully advised them of the content of this affidavit and that I am duly authorized to execute the same as the act and deed of the applicant or persons.

_____ Failure to make timely payments on permit fees may lead to revocation of the permit.

_____ Not Sufficient Funds (bounced checks will result in a \$24.00 NSF charge and all future payments will be required to be paid by money order or cashier's check.

_____ Insurance policies allowed to lapse will be cause suspension/revocation of the permit.

My name is _____ (first, middle and last name),
my date of birth is _____ and my address is

_____ (street, city, state and zip code) and
_____ country.

I acknowledge that issuance of the license, permit or certificate does not excuse or approve any violation of deed restrictions or city, state or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____
(month) _____ (year).

Applicant Signature

***** NOTARY NOT REQUIRED*****

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

Name: _____ **Address:** _____

Please circle if you have ever had: Heart Trouble Epilepsy Fainting Spells Diabetes Tuberculosis

If you have circled any of the above, please explain on the line below:

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: _____
* Physician **MUST** print title clearly after signature *

Printed Name of Physician: _____

Date of Examination: _____

Address: _____

Telephone Number: _____/_____/_____

<u>Office Address Stamp</u>

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

******Physician MUST print title clearly after signature******

** The form must also be dated, have the clinic's address and phone number, or it **will not** be accepted. **