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](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](http://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](http://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

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](https://www.municode.com/library/tx/houston/codes/code_of_ordinances)
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:

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF COMPANY</th>
<th>ADDRESS</th>
<th>OCCUPATION</th>
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<tbody>
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List your places of residence for the past 5-years below:

<table>
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<tr>
<th>NUMBER</th>
<th>STREET NAME</th>
<th>CITY/STATE</th>
<th>ZIP</th>
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Declaration of Applicant:

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 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*

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<tr>
<th>Applicant Information:</th>
<th>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.</th>
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<tr>
<td>Name:</td>
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<td>TX DL:</td>
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<tr>
<td>DOB:</td>
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<td>Status:</td>
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</tbody>
</table>
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 ***
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: ___________ / ___________ / ___________

*Either a licensed physician or a licensed optometrist may perform visual Examination.

If additional space is needed, attach extra sheet.

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