INSTRUCTIONS FOR TAXICAB PERMITS

Enclosed you will find a Taxicab Application Packet. Please affirm proper application by placing an “X” in the appropriate checkbox below.

☐ MEMORANDUM OWNER’S PERMIT  ☐ DRIVER’S PERMIT
☐ NEW  ☐ RENEWAL  ☐ UPDATE

You must bring all pertinent documentation with you when you come to obtain your Taxicab Driver’s Permit. The taxicab application must be completed and notarized by a Notary. Incomplete information will NOT be accepted and new appointments will have to be scheduled.

• On the following page is an Introductory Letter which needs to be signed by the Owner or Appointee of the Taxicab Company in which you have chosen to work.

• The checklist on page 3 is a listing of required documentation. Please be sure to review this list and have all the documentation listed complete and ready at time of application submission. One of the checklist items is a mandatory drug test. It must be completed within 5 (five) days of receiving the driver permit application, you are required to get a drug test from any **Lab Corp that tests urine. Drug test results obtained from any other company will not be accepted. If the results handed in are dated after the fifth day of receiving your application, then the results will be considered as “Failed”, and you will not be able to reapply for 12 (twelve) months. The fee is the applicants responsibility: $49.00

• The last two pages of the taxicab application are reference sheets. Please have two (2) people that know you well write statements concerning your character and conduct. Your references cannot be relatives or roommates.

• Please study the enclosed copies of the Taxicab Control Ordinance, Taxicab Rate Sheet, Map, and Visitors’ Guide of the City of Raleigh. A written test will be administered to new applicants and applicants that are updating their Taxicab Drivers’ Permits.

Compliance of these instructions is required for consideration, no exceptions. If you have further questions, please contact your assigned taxicab inspector. Thank you for your cooperation

Taxicab Inspector:
Phone #: (919) 996-1460
(919) 996-1461
INTRODUCTORY LETTER FOR TAXICAB DRIVER’S PERMIT

TO: CITY MANAGER, CITY OF RALEIGH VIA TAXICAB INSPECTOR

FROM: _______________________________________________ DATE: ________________

(Name of Taxicab Company)

SUBJECT: REQUEST FOR TAXICAB DRIVER’S PERMIT

MESSAGE:

__________________________________________________________________________

has applied to this company for employment; has produced NC Driver's License #: ___________; and has otherwise been found to meet the qualifications to drive a taxicab for this company.

Accordingly, you are requested to receive his/her application for a permit to operate a taxicab in the City of Raleigh. If his/her application is approved, he/she will be given employment by this company.

Very truly yours,

__________________________________________

(Signature)

PRINT OR TYPE: ____________________________________________

(Name) (Title)
APPLICATION CHECKLIST FOR TAXICAB DRIVER’S PERMIT

Please affirm proper application by placing an “X” in the appropriate check box below.

☐ NEW : FEE = $50  ☐ RENEWAL: FEE = $50  ☐ UPDATE: FEE = $50

ACCOUNT: 100-0000-531190-000-00000-00000-00000
All fees listed above are to be paid at the Raleigh Municipal Building
222 West Hargett Street, Revenue Services Lobby, first floor.

- Applicants may be examined orally, in writing, or both of the geography of the City of Raleigh as well as the Taxicab Control Ordinance and/or traffic regulations for the State of North Carolina.
- Submit the following information as required by City of Raleigh Code Section 12-2082. Name must be the same on all legal documents.

<table>
<thead>
<tr>
<th>DOCUMENTATION NEEDED FOR NEW, RENEWAL, OR UPDATED TAXICAB DRIVER’S PERMIT APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Application for Taxicab Driver’s Permit with notary seal</td>
</tr>
<tr>
<td>Legitimate NC Driver’s License</td>
</tr>
<tr>
<td>Certified copy of Complete NC Driving History (NC Department of Motor Vehicles on New Bern Ave.)</td>
</tr>
<tr>
<td>Legitimate Social Security Card with Employment Authorization</td>
</tr>
<tr>
<td>Current INS Alien Registration (non-US Citizen), or US Passport &amp; US Certificate of Naturalization.</td>
</tr>
<tr>
<td>Drug testing from Lab Corp. Results will be accepted NO later than 5 (five) business days from your receipt of the taxi driver permit application. (see front page and/or the Taxicab Ordinance for details)</td>
</tr>
<tr>
<td>Certificate of a Physician (Physical condition to include hearing and eyesight)</td>
</tr>
<tr>
<td>Fingerprints as conducted by CCBI; Wake County Public Safety Center; 2nd Floor; Room C-295; 3301 Hammond Rd.; Raleigh, NC. ($15.00)</td>
</tr>
</tbody>
</table>
APPLICATION FOR TAXICAB DRIVER’S PERMIT

(Print Or Type Information)

Pursuant to the provision of City of Raleigh Taxicab Ordinance, I hereby apply for a Taxicab Driver’s Permit. The following information is being submitted for consideration.

Name of Applicant: __________________________________________________________ Date: _________________

(Last)                           (First)                              Middle)

List addresses for the past ten (10) years – starting with present address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>County</th>
<th>Length of Time</th>
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<tr>
<td>Previous Addresses:</td>
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</table>

(If more space is needed, attach a sheet and label “continued from page 4”)
Phone #: Home: _________________________ Work: _________________________ Cell: _________________________
Grammar School: ___________________________ Year(s): ___________________________
High School: _________________________________ Year(s): ___________________________
College: ______________________________________ Year(s): ___________________________

☑ Male  ☐ Female       Race: _________________________    Height:  _______________   Weight:  __________
Date of Birth: _____________________    Place of Birth:  ________________________________________________
Color of Eyes:  _________________    Color of Hair:  __________________  Complexion:  _______________________
Scars:  ________________________    Tatoos:  _________________________  Defect:  _________________________
Social Security Number: ______________________________

List the name(s) of your employer(s) preceding the date of this application for the past five( 5) years, starting with the most recent one:  (If more space is needed, attach a sheet and label “continued from page 5”)

______________________________ to ____________  ________________________________
(Start Date)           (End Date)                       (Name of Company)                                                (Address)

______________________________ to ____________  ________________________________
(Start Date)           (End Date)                       (Name of Company)                                                (Address)

______________________________ to ____________  ________________________________
(Start Date)           (End Date)                       (Name of Company)                                                (Address)

List any previous experiences in driving a taxicab or any other “vehicle for hire” transporting passengers.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you a United States citizen?    ☐ YES  ☐ NO
If NO, are you eligible to work in this country?    ☐ YES  ☐ NO
If NO, what country are you a citizen?__________________________
Number of years you have resided in the Raleigh area:  ________________
Are you able to read, write, and speak English?    ☐ YES  ☐ NO
NC Driver’s License #: _______________________ Restriction Code: __________ Date of Issuance: __________
Expiration Date: ________________ Prior Driver’s License issued by what state? ____________________________
Have you ever had your Driver’s License revoked or suspended? ☐ YES ☐ NO
If Yes, when?: ______________________ Where?: ____________________________
Have you ever possessed a Driver’s License or a Permit to operate a taxicab in NC or another State?
☐ YES ☐ NO If Yes, when?: ______________________ and where?: ____________________________
Have you ever been Refused a Driver’s License or Permit to operate a taxicab in NC or another State?
☐ YES ☐ NO If Yes, when?: ______________________ and where?: ____________________________

MEDICAL HISTORY

Have you been treated for any mental disorder six (6) months prior to filing this application? ☐ YES ☐ NO If
Yes, when and where? ______________________________________________________________________________

Have you been treated for a heart attack six (6) months prior to filing this application? ☐ YES ☐ NO If
Yes, when and where? ______________________________________________________________________________

Have you been treated for epilepsy six (6) months prior to filing this application? ☐ YES ☐ NO If
Yes, when and where? ______________________________________________________________________________

Have you been treated for diabetes six (6) months prior to filing this application? ☐ YES ☐ NO If
Yes, when and where? ______________________________________________________________________________

Have you been treated for a hearing impairment six (6) months prior to filing this application? ☐ YES ☐ NO If
Yes, when and where? ______________________________________________________________________________

I am subject to vertigo. ☐ YES ☐ NO
I am subject to other infirmities of the body or mind. ☐ YES ☐ NO
Eyesight: ☐ Needs to be corrected ☐ Does not need to be corrected
CRIMINAL HISTORY

Have you ever been arrested? (Includes any traffic citations received, start with the most recent.) □ YES □ NO
Date: ____________ Nature of Arrest:_______________________ Disposition:______________________________
Date: ____________ Nature of Arrest:_______________________ Disposition:______________________________
(If more space is needed, attach a sheet to the application and label “continued from page 7”.)

Have you ever been CONVICTED of a FELONY? □ YES □ NO
If Yes, When:________________and Where:______________________________________________________________.

Have you ever been convicted of a crime involved in driving of a motor vehicle resulting in the death of any Person? □ YES □ NO
If Yes, When:________________and Where:______________________________________________________________.

Have you ever been convicted of a crime driving of a motor vehicle while intoxicated? □ YES □ NO
If Yes, When:________________and Where:______________________________________________________________.

Have you ever been convicted of a violation of any state or federal law relating to prostitution or lotteries? □ YES □ NO
If Yes, When:________________and Where:______________________________________________________________.

Have you ever been convicted of a violation of any state or federal law relating to the use, possession, or sale of intoxicating liquors, alcoholic beverages, beer or wine? □ YES □ NO
If Yes, When:________________and Where:______________________________________________________________.

Have you ever been convicted of a violation of any state or federal law relating to the use, possession, or sale of narcotic, barbiturate, or other habit forming drugs? □ YES □ NO
If Yes, When:________________and Where:______________________________________________________________.

Are you a user of any intoxicating beverages (beer, wine, or liquor) or drugs? □ YES □ NO
To what extent?:______________________________________________________________.
TAXICAB APPLICANT:

The Taxicab Control Ordinance of the City of Raleigh (RCC 12-2082) requires that a Taxicab Applicant attach an Affidavit with the Taxicab Driver’s Application.

PLEASE HAVE A NOTARY SEAL & SIGN THIS PAGE AFTER THE TWO (2) CHARACTER REFERENCE LETTERS ARE COMPLETED. Check the appropriate check box below:

☐ I have ☐ I have not, been convicted in any Criminal Court of two (2) or more violations of traffic laws or ordinances within any twelve (12) months during the thirty-six (36) months, immediately, prior to the date of this application.

I now submit one introductory letter from my prospective employer, a testimonial from my last employer, and an affidavit from two (2) persons making statements concerning my character. I certify that the foregoing statements on this Taxicab Driver’s Application are complete and true to the best of my knowledge.

I hereby authorize the Taxicab Inspector or an authorized representative to conduct an investigation to determine the validity of the contents of this application. I further authorize the Taxicab Inspector or an authorized representative to conduct investigations concerning my driving record and criminal history. I hereby waive any claims under the Federal Privacy Act of 1974.

______________________________________________
(Applicant’s Signature)

______________________________________________
(Print Full Name)

Sworn and subscribed before me this _______________ day of ______________, 20 ________.

______________________________________________
(Signature of notary public)

My commission expires ________________, 20 ________.
REFERENCE LETTER

DATE:_______________________

_________________________ is in the process of filing an application to obtain a TAXICAB MEMORANDUM OWNER’S PERMIT. In the space provided below, describe the applicant’s character and conduct. Please indicate the length of time that you have, personally, observed this applicant preceding the dates of this application.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NAME: _____________________________________________

ADDRESS: ___________________________________________

________________________________________________________________________

TELEPHONE NUMBER:_________________________
REFERENCE LETTER

DATE: ________________

________________________________________________________________________

is in the process of filing an application to obtain a TAXICAB MEMORANDUM OWNER’S PERMIT. In the space provided below, describe the applicant’s character and conduct. Please indicate the length of time that you have, personally, observed this applicant preceding the dates of this application.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NAME: __________________________________________

ADDRESS: _______________________________________

________________________________________________________________________

TELEPHONE NUMBER: _____________________________
REQUIREMENTS FOR OBTAINING A TAXICAB DRIVING PERMIT

1.) Complete the Drivers Permit application and pay the $50.00. Payable at Raleigh Municipal Building, 222 West Hargett St. 1st floor. **Make sure that the application is stamped paid.**

2.) Get page 8 of the application notarized and signed.

3.) Get two references (other than a family member) to fill out pages 9 and 10 of the application.

4.) Complete a fingerprint card at the Wake County Bureau of Identification (CCBI). **MAKE SURE YOU TURN IN YOUR FINGERPRINT CARD TO THE TAXI INSPECTOR ASAP SO THAT THEY CAN SEND THEM OFF TO GET YOUR RESULTS BACK.**

Wake County Bureau of Identification (CCBI) to obtain fingerprints
3301 Hammond Road
Raleigh NC 27603
(919)-856-6300
NOTE: CCBI shares a complex with the Wake County Detention Center
**Hours of Operation:** 8:30 a.m. – 4:30 p.m. (Monday-Friday).
**Costs:** Fingerprinting $15.00; **Method Payments:** Cash or Personal Checks

5.) Obtain a Certified copy of your NC driving history from the NCDMV, that must include the notary seal. Computerized or photo copies will not be accepted. 1100 New Bern Rd, Raleigh, NC 27601 919-715-7000

6.) Get a Physical (medical) that includes a hearing and eye test completed at any Urgent care or your Doctor and have the attached PHYSICIAN’S FORM FOR PHYSICAL completed by the Doctor.

7.) You must have a NC driver's license before you will receive your taxi driving permit
8.) Non-US citizens must have a current INS registration approved by Immigration. Naturalized citizens must provide their US Naturalization certificate or US Passport.

9.) Must provide the Inspector your Social Security Card so that he can make a copy.

10.) Turn all paperwork into the Taxi Inspectors and prepare to take a 50 question test. Testing is done Tuesday mornings at 9:30 am or Thursday afternoon at 1:00 pm. You must obtain a score of at least 70% (can't get more than 15 questions wrong).

   Taxi Inspectors Office: 601 Hutton Street, Suite 101, Raleigh, NC 27606
   Taxi Inspectors is: Lorenzo Milliam  Joe Pergerson
   Tel #: (919) 996-1460  (919) 996-1461
   Hours of Operation: 9:00am-3:45pm (Mon, Wed and Fri). CLOSED DAILY 12:00pm to 1:15pm

11.) Pick up Drug test request form at Taxi Inspector's office. Drug tests are processed at LabCorp. Make sure to take the form provided by the Taxi Inspector's office.

Drug Testing Sites. Costs: Drug Test $49.00

   LABCORP          LABCORP          LABCORP
   4009 Barrett Dr., Ste 100  3850 Ed Dr, Suite 125  8300 Health Park Suite 223
   Raleigh, NC 27609          Raleigh, NC 27612   Raleigh, NC 27615
   (919) 782-8960            (919) 571-6514      (919) 845-7025

12.) Once you have passed the Taxi test and the Taxi Inspector gets your Drug test and Finger print results back, the inspector will issue you a probationary permit that will allow you to drive until the New Driver Class. ALL NEW DRIVERS MUST ATTEND THE NEW DRIVER CLASS BEFORE THEY GET THEIR PERMANENT PERMIT.
I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for taxi driver license with, RALEIGH POLICE DEPARTMENT pursuant to N.C.G.S. 160A-304 and ordinance.

(Print or Type Legibly)

Last Name First Middle Maiden

_____________________ __________________       ___________ ________________

Social Security Number Date of Birth Sex Race
(Optional *)

_____________________ __________________       ___________ ________________

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant’s/Employee’s Signature

___________________________________________________________________________

Date

________________________

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.
PHYSICIAN'S FORM FOR PHYSICAL

APPLICANT'S NAME: ____________________________________________________

NOTE TO PHYSICIAN: The person above is applying for a permit to drive a taxicab. Based on Section 12-2082(4) of the City of Raleigh Ordinance, the applicant must complete a physical examination.

Does the applicant have any known communicable disease? □ Yes □ No
If yes, explain: ____________________________________________________________

Applicant's hearing condition:

_____________ Right Ear _____________ Left Ear

Applicant's eyesight condition:

_____________ Right Eye _____________ Left Eye

Corrected eyesight:

_____________ Right Eye ________ Left Eye _____________ Both Eye

This is to certify that I have examined the applicant herein named and certify that he/she is not afflicted with any physical or mental disability or physical affliction that would impair his/her ability to drive a taxicab.

If the physician is unable to certify as above, state below what physical or mental disorder the applicant possesses that renders him/her unable to qualify as a taxicab driver.

__________________________________________
Date

__________________________________________
Physician’s Signature

(*Please stamp Physician's office and address below signature)
Dec. 14, 2010

Office of the Taxicab Inspector
Raleigh Police Dept/SO
601 Hutton St, Ste 101
Raleigh, NC  27606

To: Raleigh Taxi-cab Owners & Managers
Subject: New Applicant Test Taking Days

Beginning on 1/1/2011, times to administer the exam that all new applicants must pass to obtain a taxi driver permit are listed below:

Every Tuesday  
9:00am to Noon

Every Thursday  
1:00pm – 4:00pm

Due to the increased volume of applicants coming to our office to obtain a taxi driver permit we have set aside two days a week in which our office will only be administering the tests. Please inform your applicants when they come to see you of this change in the process. That means that when they have completed the application and have all the required information, they will not be allowed to take the test unless they come to our office on the days and times listed above.

Sincerely,

Taxicab Inspector
Lorenzo Milliam 9919-996-1460

Taxicab Inspector
Joe Pergerson 919-996-1461
1. Absolutely no talking while taking the test except with the test administrator.
2. There will no use of any cell phones and any other electronic devices during the testing. All devices are to be turned off or left outside of the designated testing area.
3. You have 1 ½ hours to take the test after receiving it from the test administrator. The start time and ending time will be given to the applicant prior to the beginning of the test.
4. The test is not open book. No materials, including electronic devices of any kind will be used to take the test.
5. No tests will be allowed to be removed from the designated testing area.
6. If you receive more than 15 questions marked as incorrect you must retake another test.
7. No children are allowed to accompany you while taking the test.
8. Any violation as determined by the test administrator will result in a voiding of the test and the applicant must return on another testing date to retake the test.

I have read the above rules for taking the taxi driver permit exam, and I understand them and agree to abide by each one:

_________________________________  ________________________
(Signature)  (Date)
TAXICAB DRIVER'S TEST

SAMPLE QUESTIONS

THE FIRST 15 QUESTIONS ARE GEOGRAPHICAL {TRUE OR FALSE}.
1. _____ West Hargett St. intersects with McDowell St.
2. _____ Raleigh Blvd. intersects with New Bern Ave.
3. _____ Durant Rd. intersects with Capital Blvd.
4. _____ Peace St. intersects with Person St.
5. _____ Six Forks Rd. intersects with Newton Rd.

THE MAJORITY OF QUESTIONS 16 THRU 50 COMES FROM THE CITY ORDINANCE.
1. _____ The duration for a probationary driver's permit is for:
   a. 6 months
   b. 60 days
   c. 30 days
   d. 1 year

2. _____ A taxicab driver may solicit for passengers:
   a. While sitting in the driver's compartment of such a taxicab.
   b. While standing within five (5) feet of the taxicab.
   c. While standing within fifteen (15) feet of the taxicab.
   d. Both a and b

3. _____ The City of Raleigh's taxicab decal is________ on all certified taxis.
   a. Required
   b. Optional
   c. at the owner's discretion
   d. not required