



*City Of Raleigh*  
NORTH CAROLINA

RALEIGH POLICE DEPARTMENT  
SPECIAL OPERATIONS  
601-105 HUTTON ST – RALEIGH, NC 27609

## INSTRUCTIONS FOR TAXICAB PERMITS

**Enclosed you will find a Taxicab Driver's Application Packet. Please affirm proper application by placing an "X" in the appropriate checkbox below.**

**\*\*\*\*\*FTXGT)URGTO KV**

**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. **Permits Expired More than 30 day will not be renewed**

- 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) 996-1461



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**INTRODUCTORY LETTER FOR TAXICAB DRIVER'S PERMIT**

TO: CITY MANAGER, CITY OF RALEIGH VIA TAXICAB INSPECTOR

FROM: \_\_\_\_\_  
(Name of Taxicab Company)

DATE: \_\_\_\_\_

**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)



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**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: 100-0000-531190-000-00000-00000-000000000

**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.

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



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**RALEIGH POLICE DEPARTMENT  
SPECIAL OPERATIONS**  
1221 FRONT STREET • RALEIGH, NC 27609

**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:**

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

**Previous Addresses:**

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

\_\_\_\_\_  
(Street Address) (City) (State) (County) (Length of Time)

(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)

\_\_\_\_\_ 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.

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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 *wave* 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

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

042307 cer



## REFERENCE LETTER

\_\_\_\_\_ 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.

[illegible]

**ADDRESS:**

10



## 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. 1<sup>st</sup> 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



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- 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 Inspector

**New Driver Training Course.** u

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**Taxi Inspectors Office:** 601 Hutton Street, Suite 101, Raleigh, NC 27606

**Taxi Inspectors is:** ‡ " -

**Tel #:** (919) 996-1461

**Hours of Operation:** :00am-3: pm (u , Wed and u ). CLOSED DAILY

1 :00pm to 1 : pm

- 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  
4009 Barrett Dr., Ste 100  
Raleigh, NC 27609  
(919) 782-8960

LABCORP  
3850 Ed Dr, Suite 125  
Raleigh, NC 27612  
(919) 571-6514

LABCORP  
8300 Health Park Suite 223  
Raleigh, NC 27615  
(919) 845-7025

- 12.) ALL NEW DRIVERS WILL RECIEVE THEIR PERMANENT PERMIT UPON COMPLETION OF THE NEW DRIVER COURSE, FINGER PRINT RESULTS, DRUG SCREENING AND COMPLETED BACKGROUND INVESTIGATION.**

## AUTHORITY FOR RELEASE OF INFORMATION

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 (Optional *)	Date of Birth	Sex	Race
_____	_____	_____	_____

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.



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CITY OF RALEIGH POLICE DEPARTMENT  
TAXICAB DRIVER'S APPLICATION

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)