



CHARLOTTE-MECKLENBURG POLICE DEPARTMENT
~PASSENGER VEHICLES for HIRE UNIT~

DRIVER PERMIT (NEW/REINSTATEMENT) or NEW VEHICLE OWNER APPLICATION CHECKLIST

Company Owner or Representative must schedule the appointment. Submit a completed application packet consisting of the following payments and enclosures. **Incomplete Applications, Documents or Enclosures will not be accepted.**

1. **\$60 Application Fee** for New Driver (NONREFUNDABLE) (**Cash, Money Order, or Company Check ONLY**) Or [**Reinstatement Fee is \$110(includes the \$15 permit fee)**] ****A photo will be taken when the application is turned in. Dress appropriately****
2. **\$15 Permit Fee** (To be paid after the permit has been approved.) (**Cash, Money Order, or Company Check ONLY**)
3. **Application** (completed, signed, and dated). Includes two (2) **Character Affidavit forms** completed by someone that has known you for at least one year & an **Authority For Release form**. **Documents cannot be older than 30 days.**
4. **Fingerprint card** (1completed card). Fingerprint cards may be obtained from the Mecklenburg County Sheriff's Office. The purpose of the card should read: "PVH Permit."
5. **Driver's License** (North or South Carolina)
6. **Social Security Card** (Remember, your Social Security Card must have your signature on it for it to be a valid document.)
7. **Immigration Documents** (Certificate of Naturalization, Passports with INS 551 Stamps, I-9 Card with necessary work authorization stamp, Employment Authorization Card or Permanent Resident Card (Green Card).)
8. **Driving Records** (If you had a driver's license from a state other North Carolina in the past 10 years, you must provide that state(s) driving record) (Not required for New Vehicle Owner only)
9. **Criminal Records** (***Only If asked to provide**, all court records must come from the respective Clerk of Criminal Court offices in the **STATE** (Not city or county) (**outside North Carolina**) Faxed and Internet copies will not be accepted.
10. Verification of passing a **10-panel drug test with Creatinine level included**. You may obtain your drug test at one of the following locations: ***Note*** Drug test will **only** be accepted if the applicant has successfully passed the drug test within 14 days of submitting the application for a driver's permit. ****No permit will be issued without a valid drug test****

Global Lab Solutions (1100 S. Mint Street, Ste. 115, Charlotte)
Onsite Drug and Alcohol Testing (4016 Wilkinson Blvd Suite D, Charlotte)
Concentra Drug Testing Facilities (throughout Charlotte and the surrounding area)

The PVH office will review your driver permit application and conduct a background investigation. Your permit will then be approved or denied. You will be contacted regarding the status of your application. If your application is denied, you will receive a written notification of denial. Driver permits must be renewed annually and can be renewed 30 days prior to expiration.

The Passenger Vehicle for Hire Office conducts all business by appointment ONLY:

Monday - Thursday, 8:00AM –11:00AM and 1:00PM – 4:00PM Friday, 8:00AM – 11:00AM

AJ Weckenman- 704-432-5132; Dee Wallace- 704-432-5130; Jay Mitchell 704-432-5139; KimAnnette Smith 704-432-5140

For additional information go to the PVH web site: <http://chameck.org/city/charlotte/CMPD/response-areas/SpecialEvents/TaxiandPassengerVehiclesforHire/Pages/default.aspx>



CHARLOTTE-MECKLENBURG POLICE DEPARTMENT

~PASSENGER VEHICLES for HIRE UNIT~

CHARLOTTE-MECKLENBURG

APPLICATION (New Driver/Reinstatement/New Vehicle Owner)

| | | | | |
|--|--|----------------------------|---|------|
| APPLICANT NAME: | | Driver License No. & state | Birth Date: | |
| ALIAS (other names you may be known by): | | | Social Security Number: | |
| Street Address (Continue on page 2, if less than 5 years.): | | City: | State: | Zip: |
| Home Telephone: | Work Telephone: | Mobile Telephone: | | |
| NAME OF COMPANY AFFILIATION: | | | | |
| Company Contact Person: | | | Company Contact Telephone Number: | |
| (Contact person is required to sign and date application on last page.) | | | | |
| APPLICATION TYPE | | | | |
| Check One: | <input type="radio"/> New Driver | | <input type="radio"/> Driver Reinstatement | |
| | <input type="radio"/> New Vehicle Owner | | | |
| Check One: | <input type="radio"/> Taxi <input type="radio"/> Limousine <input type="radio"/> Limousine-Sedan <input type="radio"/> Contract <input type="radio"/> Shuttle Van <input type="radio"/> Para-Transit | | | |
| Notes: Operation of a passenger vehicle for hire in the City of Charlotte is governed by Chapter 22 of the Charlotte City Code. Applicants shall read and understand all requirements contained in Chapter 22 prior to applying for a driver permit. | | | | |
| All applications for a driver permit are to be signed by the driver applicant and the company owner / representative. | | | | |

| INTERNAL USE ONLY | | |
|---|---|--|
| <input type="checkbox"/> Application Fee <input type="checkbox"/> Completed Application <input type="checkbox"/> Character Affidavits (2) <input type="checkbox"/> Authority For Release | <input type="checkbox"/> Fingerprint Card (1) <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Immigration Info. | <input type="checkbox"/> Driving Records <input type="checkbox"/> Criminal Records <input type="checkbox"/> Drug Test Results <input type="checkbox"/> Permit Fee |
| Approved/Disapproved: _____ Date: _____ | | |
| PVH Inspector: _____ Date of Expiration: _____ | | |
| Reason if Disapproved: _____ | | |

| Home Address | | | | | |
|--|-------|----------------------------------|--|--------------------------|--|
| Notes: Individuals must document all addresses for the past five years. List all addresses and number of years at each address to account for the past two (2) years of residence. | | | | | |
| Street Address: | City: | State: | Zip: | # Years at this address: | |
| Street Address: | City: | State: | Zip: | # Years at this address: | |
| Street Address: | City: | State: | Zip: | # Years at this address: | |
| Criminal History | | | | | |
| LIST ALL! (Start with most recent) ANY KIND OF CITATIONS, Traffic Citations, arrests, convictions, incarcerations, and probationary sentences. Attach a separate sheet if necessary to provide full documentation of past criminal activity, INCLUDING ALL OUT-OF-STATE criminal activity.) | | | | | |
| Charge | Date | Location (City and State) | Disposition (Guilty/Not Guilty/Dismissed) | | |
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| Personal/Physical/Medical Information | | | | | |
| Race | | Height | | Eye Color | |
| Sex | | Weight | | Hair Color | |
| Do you have 20/20 eyesight and not suffer from epilepsy, heart disease or any other physical or mental condition? <input type="radio"/> Yes <input type="radio"/> No | | | | | |
| Are you addicted to the use of alcoholic beverages or controlled substances? <input type="radio"/> Yes <input type="radio"/> No | | | | | |
| Emergency Contact Information | | | | | |
| (Person you want to have contacted in the event of an emergency.) | | | | | |
| Name of Contact: | | Address (Street/City/State/Zip): | | Telephone: | |
| | | | | | |

| Previous Employment | | | |
|---|---------------------|----------------------------------|------------|
| (List ALL employers for the past two (2) years. Attach additional sheets if necessary to document all employers.) | | | |
| Name of Company: | Name of Supervisor: | Address (Street/City/State/Zip): | Telephone: |
| | | | |
| Name of Company: | Name of Supervisor: | Address (Street/City/State/Zip): | Telephone: |
| | | | |

Certification and Authorization

We, the undersigned driver applicant and company owner/representative, certify that we submit this application in accordance with the provisions reflected in Chapter 22 of the Charlotte Code, the "Passenger Vehicles for Hire" ordinance. We further certify that:
 We are currently in compliance and will continue to comply with all requirements contained in the Passenger Vehicle for Hire Ordinance.
 All information contained in this application, including all attachments, is true, accurate and complete to the best of our knowledge.
 We understand that submitting false, incomplete, or misleading information in the application is unlawful, and shall be grounds for denial, suspension or revocation of this driver permit.
The Company Operating Certificate holder further certifies that this driver applicant has completed a driver training course, either administered by the City of Charlotte, or by the Company Operating Certificate holder itself, and can provide proof of such completion.

| DRIVER APPLICANT | COMPANY OWNER/REPRESENTATIVE |
|-------------------------|--|
| Print Name: _____ | I CERTIFY THAT I HAVE REVIEWED THE APPLICANT'S COMPLETE PACKAGE, INCLUDING ALL CRIMINAL AND DRIVING RECORDS, AND APPROVE HIM or HER AS A DRIVER FOR MY COMPANY. |
| Signature: _____ | |
| Date: _____ | |
| | Print Name: _____ |
| | Signature: _____ |
| | Date: _____ |

Driver permits expire annually on your birthday.
 For additional information go to the PVH web site at: <http://charmec.org/city/charlotte/CMPD/response-areas/SpecialEvents/TaxiandPassengerVehiclesforHire/Pages/default.aspx>

The Passenger Vehicle for Hire Office conducts all business by appointment ONLY:
 Monday through Thursday, 8:00AM -11:00AM and 1:00PM - 4:00PM, and
 8:00AM -11:00AM on Friday.



CHARLOTTE-MECKLENBURG POLICE DEPARTMENT
PASSENGER VEHICLE FOR HIRE UNIT
CHARACTER AFFIDAVIT (TWO REQUIRED)

NOTE: Per Charlotte City Code, Chapter 22, Section 22-143 (a)(6), each applicant for a driver's permit or chauffeur's permit must provide affidavits of his or her good character from two (2) reputable persons who have known him or her personally and observed his or her conduct during the year preceding the date of the application.

APPLICANT APPLYING FOR PVH PERMIT:

Applicant name: _____

PERSON COMPLETING THIS AFFIDAVIT:

Full Name: _____

Address: (street, city, state, zip) _____

Telephone: _____

1. How long have you known applicant? _____

2. What is your relationship with the applicant? _____

3. Are you aware of anything that may affect the applicant's ability to operate a passenger vehicle for hire or limousine in the City of Charlotte? Yes No

If yes, please explain:

Additional Comments:

I have no concerns with the above-named driver applicant being issued a passenger vehicle for hire driver permit.

Signature: _____

Date: _____



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APPLICANT APPLYING FOR PVH PERMIT:

Applicant name: _____

PERSON COMPLETING THIS AFFIDAVIT:

Full Name: _____

Address: (street, city, state, zip) _____

Telephone: _____

4. How long have you known applicant? _____

5. What is your relationship with the applicant? _____

6. Are you aware of anything that may affect the applicant's ability to operate a passenger vehicle for hire or limousine in the City of Charlotte? Yes No

If yes, please explain:

Additional Comments:

I have no concerns with the above-named driver applicant being issued a passenger vehicle for hire driver permit.

Signature: _____

Date: _____

AUTHORITY FOR RELEASE OF INFORMATION
"NATIONAL RECORD CHECK"

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 a Fingerprint search of the **Federal Bureau of Investigations'** files for a national criminal history record check in connection with my application for taxi driver license with the **Charlotte-Mecklenburg Police Department** Pursuant to N.C.G.S. 160A-304 and ordinance.
(Type or Print legibly)

| | | | |
|----------------|------------|------------|--------------|
| Last Name | First Name | Middle | Maiden |
| ____/____/____ | _____ | Male _____ | Female _____ |
| Date of Birth | 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.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

The fingerprint card must be accompanied with a transmittal letter from the Authorized Official or Individual requesting Criminal History Record Information. This Authority for Release form must be kept on file for one year. The request must be mailed to: State Bureau of Investigation, Criminal Information and Identification Section, Attn.: Applicant Unit, PO Box 29500, Raleigh, NC 27626-0500

ORI # NCO600100-Charlotte-Mecklenburg Police Dept. – Taxi Drivers National Fingerprint Card Check - \$38.00