



# CHARLOTTE-MECKLENBURG POLICE DEPARTMENT

~PASSENGER VEHICLES for HIRE UNIT~

## COMPANY OPERATING CERTIFICATE APPLICATION

Submit a completed application packet consisting of the following payments and enclosures. **Incomplete Applications, Documents or Enclosures will not be accepted. (Money Order, or Company Check ONLY)**

1. **\$370.00 Company Operating Certificate Fee** Non-refundable, **\$100.00 Late Renewal Charge Per Day.**
2. **Company Operating Certificate Application** Completed, signed, and dated.
  - A. Owner/Manager Information Form (one for each owner)
  - B. Metered Vehicle Layout/Color Scheme Form (Taxi Companies ONLY)
  - C. Driver Summary Form (List ALL Current Drivers)
  - D. Vehicle Summary Form (List ALL Current Vehicles)
  - E. Authority For Release Form (For each fingerprint card)
  - F. Rate Sheet – Company to create and submit as required by Sec. 22-153 of City Ordinance
  - G. Training Manual as required by Sec. 22-125, (b)3, Application Requirements (For Companies submitting for the first time)
3. A Certified copy of NC Articles, Bylaws, or Operating Agreement, for all New Business Enterprises.
4. **Driver's License(s)** For each Owner/Manager
5. **Drug Test Results** – Receipt will be accepted for your appointment.
6. **Out of State Driver Record/History/Abstract** for other states you have lived in. \*Only if asked to provide. Internet documents from third parties will not be accepted.
7. **A Criminal Records \*Only If asked to provide. All court records must come from the respective Clerk of Criminal Court in the STATE outside North Carolina. Faxed and Internet documents from third parties will not be accepted. (New Company Applications Only)**
8. **Social Security Card(s)** For each Owner/Manager. Social Security Card must be signed to be a valid document. **(Bring the original to the appointment, do not email this document).**
9. **Immigration Documents** Certificate of Naturalization, Passports, I-9 Card with necessary work authorization stamp, Employment Authorization Card, or Permanent Resident Card (Green Card).
10. **Fingerprint Card All new employees/owners must complete and at least once every three (3) years.** Obtained from the Mecklenburg County Sheriff's Office or any authorized third-party provider. Reason will be: PVH Permit.
11. Metered (taxi) companies must have commercial "T" plates for all vehicles. Nonmetered companies (Limo, Transportation, Shuttle) must have commercial For Hire "Z" plates. Companies contracted directly with DSS and/or CMS are exempt. Attach a copy of your DSS or CMS contract. NO THIRD-PARTY contracts are excepted.

Applications are online at: <https://www.charlottenc.gov/cmpd/Our-Organization/PVH>

The Passenger Vehicle for Hire Office conducts all business **BY APPOINTMENT ONLY**:  
Monday through Thursday, 8:00 AM -11:00 AM, and 1:00 PM - 4:00 PM, Friday, 8:00 AM -11:00 AM

### Safety Specialists (Inspectors)

R. Blackwell: 704-336-3925, [Roberta.Blackwell@cmpd.org](mailto:Roberta.Blackwell@cmpd.org),

J."Jay" Mitchell: 704-432-5139, [John.Mitchell@cmpd.org](mailto:John.Mitchell@cmpd.org), R. Silvera, 704-432-1562, [Ronald.Silvera@cmpd.org](mailto:Ronald.Silvera@cmpd.org)



**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT**

~PASSENGER VEHICLES for HIRE UNIT~

**COMPANY OPERATING CERTIFICATE APPLICATION**

<b>Company Name:</b>			<b>Date:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address (if different):</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Company Email Address:</b>			<b>Primary Contact Person:</b>	
<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Fax Number:</b>		

**APPLICATION TYPE**

<b>Check One:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal		
<b>Check One:</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Corporation
<b>Check One:</b>	<input type="checkbox"/> Metered	<input type="checkbox"/> Non-Metered		

**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 in Chapter 22 prior to applying for a company operating certificate.**

**CERTIFICATION AND AUTHORIZATION**

**We, the undersigned applicant(s) 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. All information submitted in the application is neither false nor misleading and we understand that submitting, or causing to be submitted, false or misleading information is unlawful and shall be grounds for denial of an application. We are currently in compliance and will continue to comply with all requirements contained in the Passenger Vehicles for Hire Ordinance.**

<b>Owner 1</b> Print Name: _____ Signature: _____ Date: _____	<b>Owner 2</b> Print Name: _____ Signature: _____ Date: _____
<b>Owner 3</b> Print Name: _____ Signature: _____ Date: _____	<b>Owner 4</b> Print Name: _____ Signature: _____ Date: _____

**OFFICE USE ONLY**

<input type="checkbox"/> Fee paid	<input type="checkbox"/> Registration Received	<input type="checkbox"/> Certificate of Insurance
<input type="checkbox"/> Late Fee – \$100 per day <input type="checkbox"/> # of Days Late _____	<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Drug Test, If applicable
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/>
<input type="checkbox"/> Social Security Card(s)	<input type="checkbox"/> Immigration Docs	<input type="checkbox"/>



## CHARLOTTE-MECKLENBURG POLICE DEPARTMENT

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### COMPANY OWNER/MANAGER INFORMATION

(Complete one for each)

Company Name:		Company Owner / Manager Name:	
Home Phone:		Cell Phone:	
Email:			
Applicant Name:	Social Security Number:	Driver License Number and State:	Date of Birth:
Address Information (Street, City, State, ZIP):			# years at address:
<b>Criminal History.</b> Provide dates, locations, and dispositions of ALL arrests, convictions, incarcerations, probationary sentences, or traffic citations OF ANY KIND. Attach separate sheets to provide full documentation of all past civil and criminal activity, INCLUDING ALL OUT-OF-STATE activity.			
<input type="radio"/> NONE (Court statement of no record attached)		<input type="radio"/> YES (Full documentation attached)	
Remarks:			
Applicant's Signature:			Date:

All company applications will be reviewed, a preliminary background investigation conducted, and a final determination will be made. Companies will be contacted by phone, and or email for final determination information. If your application is denied, a written notification of denial will be provided.

Company operating certificates must be renewed annually. In certain situations, when applying for a Company Operating Certificate renewal, you may be asked to provide additional information from the listed items above. All taxicab company operating certificates expire each year at midnight, July 31<sup>st</sup>. All other companies will expire annually from the month your company was approved.



**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT**

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**METERED VEHICLE LAYOUT/COLOR SCHEME**

<b>Company Name:</b>	<b>Date:</b>
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Provide the uniform color scheme and logos painted or to be painted on Metered Vehicles.

Attach a full color diagrammatic layout of a representative vehicle and include paint swatches of all proposed colors.

	Primary Color	Secondary Color(s) (If applicable)
Hood		
Roof		
Trunk Lid		
Sides		
Lettering		



**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT**

*~PASSENGER VEHICLES for HIRE UNIT~*

**AFFILIATED DRIVER SUMMARY**

	Driver Name	Driver License Number & State	Driver Permit Number	Permit Expiration Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Print copies of this form if needed to list additional drivers.**

Company Name:	Signature:	Date:
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**CHARLOTTE-MECKLENBURG POLICE DEPARTMENT**

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**AFFILIATED VEHICLES SUMMARY**

	Vehicle Number	Tag Number	VEHICLE IDENTIFICATION #	Vehicle Owner Name	Ins. On File (Yes/NO)	Ins. Verified by Company Owner(s) (Yes/No)
<b>List All Vehicles</b> (company and independently owned).						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

**Print copies of this form if needed to list additional vehicles.**

Company Name:	Signature:	Date:
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**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 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