



## HENRICO COUNTY POLICE DIVISION

### Taxicab Driver's Permit Application

HCPD-117B (04/25)

#### Application Guidelines

When completing this application for a Taxicab Driver's Permit, you MUST:

1. **Fill out the application completely, legibly, and truthfully.**
2. Have your signature notarized (you may have this done at the Public Safety Building).
3. Submit the following with your application:
  - a. A recent DMV transcript of your driving record;
  - b. A letter from the company for which you will be working verifying your employment;
  - c. A completed fingerprint card, which can be done at the Public Safety Building; and
  - d. Two recent photos (passport size). Your attire and appearance in your photo should follow the below guidelines of Henrico County Code Sec. 21-161:

*"Taxicab drivers shall be fully and neatly dressed and exhibit good personal hygiene without offensive body odor. All clothing shall be clean, free of holes, rips or tears, and present a professional appearance; clothing shall not exhibit any symbols, phrases or renderings that are obscene and shall comply with the following standards: (1) Male drivers are required to wear long pants or professional length uniform shorts, buttoned shirts with fold-down collars and sleeves, and shoes. Pullover "polo" shirts, with fold-down collars, buttons and short sleeves, are permitted. Shoes shall be clean, closed-in and worn with socks. Hair, beards and moustaches must be neat, trimmed and present a groomed appearance. (2) Female drivers are required to wear long pants, professional length shorts, skirts or dresses, shirts or blouses, and shoes. Pullover "polo" shirts, with fold-down collars, buttons and short sleeves, are permitted. Shoes shall be clean, closed-in and worn with socks or stockings. Hair must be neat, trimmed and present a groomed appearance."*

After submitting the completed application, you will be contacted by telephone once the investigation is complete. Please remember that this is a time-consuming process. **If this is a renewal application, it is strongly recommended that you turn in your application six weeks before your old permit expires.**

Permits will be issued after you have been called by this office and given an appointment. Please bring your Division of Motor Vehicle Operator's License and twenty-five dollars (\$25.00). If you wish to pay by check, it must be made payable to the County of Henrico. After obtaining the permit, drivers are required to attend an orientation which will cost an additional fifteen dollars (\$15.00). Information on orientation will be given to you when the permit is issued.

Fingerprints are taken at the Public Safety Building Monday - Thursday, 8:15 a.m. - 3:45 p.m. Appointments are required for fingerprinting services. Call 804-501-4809 to schedule an appointment. There is a ten-dollar (\$10.00) fee per fingerprint card. Two forms of identification are required, one of which must be a photo ID. **The only forms of identification acceptable are outlined below. They must be original (no copies) and current/valid.**

Driver's License  
Passport  
Birth Certificate

Military Identification  
Social Security Card  
Voter Registration Card

Vehicle Registration  
Green Card/Permanent Resident Card  
Certificate of Naturalization Card

If you have any questions, you may contact the Permits Office at 804-501-7494.



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**Incomplete applications will not be processed.**

**Knowingly making false statements on this application may result in this permit being revoked or denied.**

APPLICANT'S INFORMATION			
Renewing taxicab driver's permit		New taxicab driver's permit	
Date of application: _____		Telephone number: _____	
Applicant's full name: _____			
Home Address: _____			
Street		City	State Zip code
Name of taxicab company: _____			
Company address: _____			
Street		City	State Zip code
Age: _____	Date of birth: _____	Social security #: _____	
Sex: Male Female	Hair color: _____	Eye color: _____	
Height: _____	Weight: _____	Place of birth: _____	
Year of driving experience: _____			
Do you have any physical or mental conditions which would affect your ability to drive?		Yes	No
Do you have any hearing defects?		Yes	No
If <b>YES</b> , have they been corrected?		Yes	No
Are you restricted to wearing eyeglasses/contact lenses while driving?		Yes	No
Are you now or have you been addicted to intoxicating liquors, drugs, or any other form of narcotics within the past two years?		Yes	No
Have you ever been convicted of, or plead guilty or nolo contendere to any felony or misdemeanor? (This includes all violations of federal, state, or local regulations.)		Yes	No
Have you ever been convicted of a violation of any motor vehicle regulation (traffic summons)?		Yes	No
Have you been convicted of three or more moving violations within the past twelve months?		Yes	No
Have you previously been issued a taxicab drivers permit?		Yes	No
If <b>YES</b> , was your permit ever suspended or revoked?		Yes	No
If you answered <b>YES</b> to any of the above, explain here:			

List the addresses of your previous residences for the past five years *(include street, city, state, and zip code)*:

List the **names** and **addresses** of your previous employers for the past five years *(include street, city, state, and zip code)*:

### **AUTHORIZATION TO OBTAIN INFORMATION**

I authorize the County of Henrico Police Division to conduct a background investigation in connection with my application. This investigation may include information as to my criminal convictions, Division of Motor Vehicle records, previous employers, medical records, and other appropriate sources.

I understand that, in accordance with Henrico County Code Sections 21-70 and 21-72, knowingly making a false statement on this application may result in this permit being revoked or denied, in addition to being a misdemeanor as defined in Henrico County Code Section 21-20.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commonwealth of Virginia  
County of Henrico Police Division

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_,

whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

Signature of Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

#### **Police Permits Unit Use Only**

Date permit issued: \_\_\_\_\_

Permit number: \_\_\_\_\_