ARTS CHAUFFEUR CERTIFICATION/DECERTIFICATION FORM

Please use this form to provide the following information for each chauffeur you wish certified and/or decertified by the Consumer Services Department (CSD), Passenger Transportation Regulatory Division (PTRD) to provide taxicab service under your Airport Regional Taxicab Service (ARTS) authorization. Submit the completed form with your ARTS Lottery Application or to the PTRD Chauffeur Licensing Section at 140 West Flagler Street, Suite 904, Miami, Florida 33130. The qualifications of each chauffeur submitted for certification will be reviewed and you will be notified by return mail of the approval of each chauffeur ***within five (5) days of receipt of the form.***. No chauffeur may provide ARTS taxicab service until approved by the PTRD, and their chauffeur's registration updated for ARTS authorization.

PLEASE PRINT ALL INFORMATION LEGIBLY.

License Holder: _____ For Hire License Number: _____

_____ _____ _____ _____

Mailing address City State Zip Code

CHAUFFEUR(S) SUBMITTED FOR CERTIFICATION

Name: _____ Chauffeur Registration Number: _____

Name: _____ Chauffeur Registration Number: _____

Name: _____ Chauffeur Registration Number: _____

CHAUFFEUR(S) SUBMITTED FOR DECERTIFICATION

Name: _____ Chauffeur Registration Number: _____

Name: _____ Chauffeur Registration Number: _____

Name: _____ Chauffeur Registration Number: _____

I hereby certify that the above named chauffeurs submitted for certification to operate under my ARTS authorization possess at least two (2) years professional taxicab chauffeur experience in Miami-Dade County, that to the best of my knowledge they meet the requirements of the CSD to provide service under my For Hire License and that the chauffeurs whose authorizations I am decertifying, are as of the submission of this form, no longer authorized to operate under my ARTS authorization.

_____ _____

Signature of License Holder or authorized representative Date

_____

Print name of person signing statement

Sworn to and subscribed before me this _____ day of _____, 20____. My Commission Expires:

_____ SEAL

Notary Public