



CHAUFFEUR REGISTRATION INITIAL/RENEWAL APPLICATION GENERAL INFORMATION

When to apply: Monday through Friday (Except Holidays) 8:00 a.m. to 2:00 p.m. **Applicants must apply in person.**

What to bring: **U.S. Citizens-** Social Security Card **or** U.S. Passport **or** original certified U.S. Birth Certificate **or** original Certificate of Naturalization
Non U.S. Citizens- Social Security Card and original Permanent Residency Card or original valid Work Authorization Card (if applicable)

- Valid State of Florida Driver’s License
- First Aid Certification (School Bus applicants only)
- Defensive Driving Certification (original applicants or renewal applicants with two (2) or more moving violations within the last two (2) years). Taxicab and Limo drivers are exempt.
- Certificate of training in Passenger Assistance Techniques (PAT) for Wheelchair Accessible Vehicles (if applicable).
- A “P” endorsement is needed to operate a for-hire vehicle that seats 15 or more people (including the driver) is required by the State of Florida. This endorsement is enforced by law enforcement.
- State of Florida Concealed Weapons Permit (If Applicable)

Fees are only payable by check, money order, debit or credit card (Visa, Master Card or American Express). If you pay by check, the check must be over series #200 and pre-printed with your name and address and issued by a local bank. **All fees are NON REFUNDABLE**

Training Program	Materials	Cost
All New Applicants	FDLE (criminal backgrounds)	\$25.00
New Passenger Motor Carrier (PMC), Jitney, Non-Emergency(NE) and Special Transportation Services (STS) Applicants	ACES Manual	\$11.00
New Private School Bus Applicants	Training Class Training Manual	\$30.00 \$5.00
New Taxicab or Limousine Applicants	1 year - \$90.00 2 years - \$145.00	
New or Renewal Applicants	1 year - \$65.00 2 years - \$120.00	
Adding Company, Lost or Stolen Chauffeur Registration	\$26.00	
Change of Address on Chauffeur Registration	No Charge	

Renewal Late Fee: **If a Chauffeur’s Registration is not renewed on or before the expiration date, the driver will be required to pay a \$55.00 late fee in addition to the renewal fee.**

Renewals: You may renew your Chauffeur’s Registration up to ninety (90) days before it expires.

Training/Testing: Initial applicants are required to attend a Department of Transportation and Public Works (DTPW) Training Program to obtain a Chauffeurs Registration. Renewal applicants are required to attend training every two years. The training program offered is the **Academy for Chauffeur Excellence and Service (ACES) (1 day):** For first time PSB, PMC, NE/STS, JITNEY and renewal drivers. PSB drivers are required to take training only once.

New and Renewal Taxicab and Limousine applicants are exempt from training classes and physicals. *If any other type of transportation is added to the license along with Taxicab and or Limousine, you will be required to take a training class and submit a physical.*

Use of Social Security #: Pursuant to Florida Statute Section 119.071(5), DTPW collects social security numbers for identification and verification purposes. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

CHAUFFEUR REGISTRATION INITIAL/RENEWAL APPLICATION

PLEASE CHECK APPROPRIATE BOX

Original Renewal Address Change Add/Change Company Lost/Stolen License

Part 1- TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name: _____ Home Phone #: _____ Cell Phone #: _____
Address: _____ Social Security #: _____ email address: _____
City/State/Zip: _____ FL Driver's License #: _____ Exp. Date _____
Place of Birth: _____ Date of Birth: _____ Primary Language Spoken at Home _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you **EVER** pled nolo contendere, pled guilty, been found guilty or been convicted of any of the following crimes (even if adjudication was withheld):

- | YES | NO | YES | NO |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If **yes to any question**, please explain: _____

2. If convicted of a felony, have your civil/residency rights been restored? _____ If yes, **attach proof of restoration**.
3. During the last five (5) years prior to this application, has your Driver's License been suspended for, **OR** have you pled nolo contendere **OR** pled guilty **OR** been found guilty **OR** been convicted (even if adjudication was withheld) of:

- | YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

4. Has your Florida Driver's License **EVER** been suspended/revoked (even if reinstated) for any reason? Yes No

If yes, explain: _____

5. Has your Florida Driver's License been suspended two (2) or more times within the last 12 months? Yes No
6. Have you been found guilty, pled guilty or nolo contendere to two or more moving violations within the past two (2) years? Yes No
7. During the last five (5) years prior to this application, have you had 24 points against your driver's license? Yes No

IMPORTANT: IF YES IS CHECKED TO ANY OF THE ABOVE QUESTIONS YOU MAY NOT BE ELIGIBLE FOR A CHAUFFEUR REGISTRATION - PLEASE REFER TO THE MIAMI-DADE COUNTY CODE SECTION 31-303(E) FOR SPECIFIC CLARIFICATION

FOR-HIRE PASSENGER TRANSPORTATION UNIT ONLY:

Registration No. _____ Expiration Date: _____ Training Date: _____
Processed by: _____ Issued by: _____ Date Issued: _____

**PART 2 – TYPES OF TRANSPORTATION WHICH THE APPLICANT CHOOSES TO PROVIDE:
PLEASE CHECK APPLICABLE BOX(ES)**

- Taxi Limousine Non Emergency STS PMC General Jitney/ Fixed/Circulator
- School Bus (Seating Capacity _____)

If School Bus Operator, list all schools currently servicing _____

PART 3- FIREARM DISCLOSURE

Do you possess or transport a firearm while engaged in For-Hire Transportation? Yes I do** No I do not

By signing this application, you hereby agree not to possess and/or transport a firearm while engaged in For-Hire Transportation, unless you are authorized to do so by State Law. Any required State License must be current and valid and must be kept on file at all times with the Department of Transportation and Public Works (DTPW), For-Hire Transportation Unit. The filing of this disclosure must be performed with every renewal application.

PART 4- CHAUFFEUR CERTIFICATION (TO BE COMPLETED AT OFFICE)

I understand that my Chauffeur's Registration (Hack License) may be subject to suspension or revocation by the Department of Transportation and Public Works (DTPW) under, but not limited to the following conditions:

1. If I fail to comply with or willfully violate any of the applicable provisions of the Miami-Dade County Code and/or the applicable laws.
2. If any material fact was omitted or falsely stated on my application.

I understand that my Chauffeur's Registration shall be automatically revoked by (DTPW) if I plead nolo contendere, plead guilty or if I am convicted of a felony or of any criminal offense involving moral turpitude or a crime involving the use of deadly weapons or trafficking in narcotics; or if my State of Florida Driver's License is suspended or revoked; or if it is determined, after drug or alcohol testing, that my use of alcohol or a controlled substance has impaired or is impairing my ability to drive a for-hire vehicle.

I understand that I shall not refuse or neglect to transport to any place in the county any orderly person, including a service animal, who is willing and able to pay the prescribed fare and I shall not accept any additional passengers without the consent of the passengers already within the vehicle unless the passenger is being transported under a shared ride or other special service rate. As used in Chapter 31 of the Miami-Dade County Code, the term "service animal" shall mean any guide dog, signal dog, or other animal, as defined in 28 C.F.R. § 36.104, individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. I also understand that if I commit two violations of this section, my chauffeur's registration may be suspended for a period of up to six months or revoked.

I understand that fines, as required by Miami-Dade County Code for each infraction, may be imposed for violation of Code provisions. Furthermore, if I am caught cheating during any of the trainings, or the examination itself, my application will be denied and I shall not be eligible to re-apply for a Chauffeur's Registration for one year.

I also understand that for the industries where a for-hire training is required, such training will be conducted in English (with the exception of the school bus training which is also conducted in Spanish). An English proficiency test will be conducted at the beginning of the training session and failure to pass this test will result in the denial of your application and forfeiture of any application fees that were paid.

I certify under oath that I am not a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others. I further pledge that I will not be a user of alcohol or drugs in a manner that would constitute a direct threat to the property and safety of others. I further certify under oath that I am free of any mental defect or disease that would constitute a direct threat to the property or safety of others or would impair my ability to drive a for-hire vehicle. This further certifies that I am duly authorized to work in the United States of America under the current laws of the Department of Homeland Security, Bureau of Citizenship and Immigration Services.

I understand that I am responsible for knowing all the rules and regulations pertaining to for-hire chauffeurs which are contained in Chapter 31, Article V of the Miami-Dade County Code.

I also certify that all statements contained in my application are complete and true. I acknowledge that omissions or false statements will be grounds for revocation or non-issuance of a Chauffeur's Registration.

Chauffeur's Signature: _____ Date _____

REPORT OF PHYSICAL EXAMINATION FOR CHAUFFEUR'S REGISTRATION

PART 5- TO BE COMPLETED BY LICENSED PHYSICIAN OR ADVANCED REGISTERED NURSE PRACTITIONER All data must be completed for this form to be accepted.

Name: _____ Date of Birth: _____

Health History:

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL EXAMINATION

- Height: _____ Weight: _____ Color of eyes _____ Color of Hair _____
General Health: Good _____ Fair _____ Poor _____
- Vision: Without corrective lenses: Right eye 20/ _____ Left eye 20/ _____
With corrective lenses: Right eye 20/ _____ Left eye 20/ _____
Color perception or red, green and yellow? Yes _____ No _____
Horizontal field of vision is within normal range? Yes _____ No _____
Evidence of disease or injury: _____
- Hearing: Right ear _____ Left ear _____ With normal range? Yes _____ No _____
- Heart: Blood pressure: Systolic _____ Diastolic _____ Is the reading normal? Yes _____ No _____
Pulse: Before Exercise _____ After Exercise _____ Is the reading normal? Yes _____ No _____
Any evidence of disease or injury: _____
- Extremities: Hands, arms, legs and feet are normal or adequate? Yes _____ No _____
Coordination and reflexes are normal or adequate? Yes _____ No _____
Evidence of disease or injury: _____
- Other: Any evidence of illness, disease or injury involving the following?

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above, please explain: _____

7. Physician's/Nurse Practitioner's comments on Health History "yes" answers: _____

I certify that I am licensed to practice in the State of Florida and that I have conducted an examination of the individual identified above. My findings indicate that **this individual is medically qualified and physically able to drive a for-hire vehicle and assist for-hire passengers to enter or exit the vehicle, load or unload passenger baggage, and all other similar passenger related needs.** A for-hire vehicle is defined as a passenger motor vehicle, jitney, non-emergency medical transportation vehicle, special transportation services vehicle, or private school bus.

Name of Examining Doctor
or Advanced Nurse Practitioner (please print) _____ Telephone # _____

Signature _____ Date Signed _____

Florida HRS Certification No. or State of Florida License No. _____