How to apply for a Taxicab or Paratransit Chauffeur’s license

Applications accepted between 8:00am and 3:00pm

1. Complete attached application (including physical dated within last 60 days and chauffeur holder recommendation). The items that must be turned in with the application are:

   • Current and valid Oklahoma driver’s license
   • Social Security card (if card has the work restriction language, another qualifying document will be required)
   • MVR report (dated within last 30 days/$10 at any tag agency)
   • Fingerprints (must be taken at Tulsa County Sheriff’s Office located at 1st & Denver – fee is $10 for digital scanned prints, and must be paid by check or money order ONLY)
   • $79.00 processing fee (non-refundable)
   • $15.00 temporary license fee

2. A written test will be administered to determine basic knowledge of The City of Tulsa Taxicab & Paratransit Regulations (Title 36, Chapter 1, TRO), basic geography of the city of Tulsa, communication skills, and ability to make correct change. **The test will not be administered after 3:00pm.** A minimum score of 60% is required to pass; it is recommended that the applicant be familiar with this ordinance prior to testing. *Applicants failing the test must wait 30 days to re-test and pay a $30.00 re-testing fee.*

3. Upon successful completion of application/testing process and approval based on a review of a local criminal background check, a temporary chauffeur’s license will be issued for a period of 1-2 months.

4. The permanent chauffeur’s license will be issued for the remainder of the license period (until April 30 of each year) after the criminal history report has been returned approved from OSBI and the remaining license fee has been paid. The annual license fee is $60; this fee prorates quarterly. The temporary license fee ($15.00) that was paid at the time of original application is deducted from the annual license fee for first issuance.
City of Tulsa  
License Center  
175 E. 2nd Street, Ste. 255  
(918) 596-7640

Chauffeur Application  
(Please print or type legibly)

<table>
<thead>
<tr>
<th>Name: First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Sec. Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>ZIP</th>
<th>Business or Cell Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Oklahoma Driver’s License #</th>
<th>Class</th>
<th>Expiration Date</th>
<th>Company and Unit #</th>
</tr>
</thead>
</table>

Are you a legal resident of the United States? ____ Yes ____ No
Are you a legal resident of Oklahoma? ____ Yes ____ No
Have you ever applied for a license with the City of Tulsa before? ____ Yes ____ No

### Personal History

<table>
<thead>
<tr>
<th>Former Names</th>
<th>City/State/Country of Birth</th>
<th>Date of Birth</th>
<th>Citizenship</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Eyes</td>
<td>Hair</td>
<td>Sex</td>
</tr>
</tbody>
</table>

### Chauffeur Holder Recommendation

Certificate Holder (Company) ___________________________  Unit # _____

I, ___________________________, have interviewed and evaluated the person named above as to their qualifications to represent my organization. They possess satisfactory knowledge of the geography of Tulsa, the ability to speak and understand the English language, and the skills required to make correct change to passengers. I have reviewed the ordinance requirements with them and would like to recommend them to make application for a City of Tulsa Chauffeur’s License. Upon the license issuance, they will be known as representing my organization.

This chauffeur is covered, and will continue to be covered as long as they are in service under this Certificate, by the Certificate Holder’s insurance policy.

______________________________________________  _____________
Signature of Holder or authorized agent                   Date (within 30 days)
Background Criminal Check Information

A “Yes” answer does not necessarily disqualify you from receiving a Chauffeur’s license.

Have you ever had a City of Tulsa Chauffeur’s or State Driver’s License suspended or revoked?  ____ Yes  ____ No

Have you ever been charged, arrested, or convicted of a felony?  ____ Yes  ____ No

Have you ever been convicted of a misdemeanor involving prostitution or prostitution related offenses, public lewdness, or sexual offenses?  ____ Yes  ____ No

Have you ever been convicted of controlled substance related offenses?  ____ Yes  ____ No

Have you ever been convicted of assault and battery, assault with a deadly weapon, or any weapon related charges?  ____ Yes  ____ No

Have you ever been convicted of driving under the influence of alcohol or other intoxicating substances?  ____ Yes  ____ No

Have you ever been convicted of driving while intoxicated or actual physical control of a vehicle while intoxicated?  ____ Yes  ____ No

Have you been at fault in more than one (1) automobile accident in the past twelve (12) months?  ____ Yes  ____ No

Are you subject to any outstanding arrest warrants?  ____ Yes  ____ No

If you answered “yes” to any of these questions, list below in complete detail the dates, charges, place of arrest, disposition of charges, and any other information that you feel is necessary or pertinent to your case. (Failure to make a full disclosure may result in a denial of the application or a revocation of the license if information requested was not given.)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

How many traffic citations have you received in the last 24 months? __________________________

I certify that all of the information contained in this application is true and correct to the best of my knowledge and belief. I understand that furnishing false or incomplete information as well as any violations of applicable provisions of the Taxicab and Paratransit Regulations Ordinance may be grounds for denial or revocation of the applied for license.

Signed: _________________________________________ Date: __________________________

Applicant
Physical Examination Form

City of Tulsa Taxi/Paratransit Chauffeur License
(Must be completed by a physician licensed by the State of Oklahoma)

Date of Examination: _______/_______/________

Applicant’s name: _________________________________________

Social Security Number: ____________________________________

Date of Birth: _______/_______/________     Age: ______________

I have examined this person and have found that, in my opinion, he/she does not have any physical or organic defect or condition of such a nature that would affect his/her ability to operate a taxicab or paratransit vehicle safely.

Physician’s Signature: ________________________________

Physician’s Name or Clinic Name: ____________________

Physician’s Phone Number: ____________________________