

**STEPS TO BECOME A CAB DRIVER**

*PLEASE READ FIRST THEN IF YOU HAVE ANY QUESTIONS PLEASE ASK*

**STEP 1** Pick up an application at Yellow Cab Company of Tampa, Inc. 4413 N Hesperides St. Tampa, Fl. or print a copy from our website [www.yellowcaboftampa.com](http://www.yellowcaboftampa.com) or [www.hillsboroughcounty.org/publictransportation](http://www.hillsboroughcounty.org/publictransportation)

**STEP 2** Fill out application completely in black ink and have it Notarized. (We have a Notary on site)

**STEP 3** Bring application to our office to have the application signed by our authorized Representative. Also bring your 3 yr Motor Vehicle Report.

**STEP 4** Take application to the office of The Hillsborough County Public Transportation Commission (PTC) at 2007 W. Kennedy Blvd. Tampa, Fl. 33606

- (a) You will pay \$100.00 at the PTC (you need to take the exact amount and it must be cash per PTC they don't have the ability to give change)
- (b) PTC will provide the paperwork needed to take to the Hillsborough County Sheriff's Office at 2306 N Falkenburg Rd Tampa, Fl 33619.

**STEP 5** Take paperwork from PTC and go to the Sheriff's Office as instructed by PTC.

**STEP 6** Call the PTC 813-272-5814 3 business days from the day applicant was fingerprinted to see if your temporary license is ready. If it is ready pick it up.

**STEP 7** Because we are a drug-free workplace you are required to take a drug test. If you picked up your application from our office or you printed it from our website there is a drug test form included. If you did not get it from our website or our office you will need to stop by our office and pick one up to take with you.

**MEDI + PHYSICALS** is at 5635 Hoover Blvd Tampa, Fl. 33634. You will pay \$27.00 at the Drug testing site. (Medi+Physicals is in the same plaza as USCIS Office)

- STEP 8** Bring to Yellow Cab
1. PVDL/HACK LICENSE
  2. Drug test (blue form, not the results)
  3. Florida Drivers License
  4. Social Security Card

We will make copies, take your phone number and submit you on the insurance. If you are approved then the safety trainer will call you to set an appointment for safety training. If you are NOT APPROVED on the insurance you will not be able to drive for us.

**STEP 9** Bring with you to your Safety Training appointment the COMPLETED INFORMATION SHEET and a **3 year MOTOR VEHICLE REPORT (MVR)**

**STEP 10** If you pass Safety Training we will then call you to set up an appointment to do your paper work and send you out to be trained in the cab.

**NOTES:** If you do not pass the drug test – safety training – or not approved on our insurance you will not be able to drive for us.

**COST INVOLVED**

Driver Application Fee \$100.00 (payable to the PTC)

Renew PVDL \$ 75.00 (payable to the PTC)

Delinquent PVDL \$ 75.00 (payable to the PTC)

Duplicate PVDL \$ 25.00 (payable to the PTC)

PVDL's that are expired over 12 months require a new application and processing at the Hillsborough County Sheriff's Office, Per rule 5.16 in the HCPTC RULE BOOK

Drug Test \$ 27.00 (payable at MEDI + PHYSICALS)



**IMPORTANT NOTICE**

If you were not born in the United States the PTC will need appropriate documentation.

**STEPS TO FOLLOW**

**IF YOU HAVE A HACK LICENSE**

*PLEASE READ FIRST THEN IF YOU HAVE ANY QUESTION PLEASE ASK*

**STEP 1** If you have a PVDL/Hack License Ask yourself:  
1. Did I get it through Yellow Cab Company of Tampa, Inc.?  
If yes then go to Step 4.  
If no, then you will need to pick up a transfer form from PTC or from Yellow Cab Company of Tampa, Inc.

**STEP 2** The transfer form will need to be filled out and signed by an Authorized representative of Yellow Cab Company of Tampa, Inc. Also bring your 3 year Motor Vehicle Report.

**STEP 3** Take transfer form to the office of The Hillsborough County Public Transportation Commission (PTC) at 2007 W. Kennedy Blvd. Tampa, Fl. 33606

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2. Drug test (blue form, not the results)  
3. Florida Drivers License  
4. Social Security card  
We will make copies, take your phone number and submit you on the insurance. If you are approved then the safety trainer will call you to set an appointment for safety training. If you are NOT APPROVED on the insurance you will not be able to drive for us.

**STEP 6** Bring with you to your Safety Training appointment the INFORMATION SHEET completed. You will also need to bring with you a three (3) year Motor Vehicle Report.

**STEP 7** If you pass Safety Training we will then call you to set up an appointment to do your paper work and send you out to be trained in the cab.

**NOTES:** If you do not pass the drug test – safety training – or not approved on our insurance you will not be able to drive for us.

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# Hillsborough County Public Transportation Commission

## Application for a Public Vehicle Driver's License

(VERSION 2011A)

| PTC Office Use Only               |                 |
|-----------------------------------|-----------------|
| Received: _____ / _____ / _____   |                 |
| FDLE recv: _____ / _____ / _____  |                 |
| PVDL # _____                      |                 |
| <input type="checkbox"/> Approved | Appealed        |
| <input type="checkbox"/> Denied   | Y _____ N _____ |

|  |           |  |  |   |  |                     |
|--|-----------|--|--|---|--|---------------------|
| 1. (Last Name) _____ (first name) _____ (Middle initial) _____   |           |  | 2. Social Security # _____                           |   |  |                     |
| 3. Present Address (number, street, city, state, zip code) _____   |           |  |  |   |  |                     |
| 4. Birth Date _____  |           | 5. Place of Birth / City & State _____ |  |   |  |                     |
| 6. Height _____  |           | 7. Weight _____                        |  | 8. Color Hair _____                                 |  | 9. Color Eyes _____ |
| 10. Are you a U.S. citizen? _____<br><input type="checkbox"/> by birth <input type="checkbox"/> naturalization |           |  | 11. If naturalized, provide certificate number _____ |   |  |                     |
| 12. Telephone number: _____  |           |  |  | 13. Cell phone number: _____                        |  |                     |
| 14. How long have you been a resident of Florida? _____ years _____ months                                     |           |  |  |   | 15. Do you have diplomatic immunity? _____ |                     |
| 16. Ever issued a PVDL by the PTC? <input type="checkbox"/> yes <input type="checkbox"/> no                    |           |  | 17. If yes, when? _____                              |   | 18. Are you on probation or parole? _____  |                     |
| 19. Florida driver's license # _____   |           | 20. Issue date: _____                  |  | 21. Restrictions on Florida driver's license: _____ |  |                     |
| <b>22. Employment history: Begin with present employer and list previous 10 years</b>                          |           |  |  |   |  |                     |
| a. From  | b. To     | c. Name of employer                    | d. Address of employer                               |   | e. Type of work                            |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
| <b>23. Previous addresses for last 10 years</b>  |           |  |  |   |  |                     |
| a. Number  | b. Street | c. City                                | d. State   | e. Zip code   | f. From                                    | g. To               |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
| <b>24. List all criminal offenses for which you have been convicted (use extra sheets if applicable)</b>       |           |  |  |   |  |                     |
| a. Offense   |           | b. Place                               |  |   | c. Date(s)                                 |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |
| <b>25. Give two personal references (not relatives, in-laws)</b>   |           |  |  |   |  |                     |
| Name (first, middle initial, last)   |           | Address                                |  | Occupation  |  | Years known         |
|  |           |  |  |   |  |                     |
|  |           |  |  |   |  |                     |

| 26. List traffic offenses for which you have been found guilty (exclude parking tickets) |          |            |
|--|----------|------------|
| a. Offense   | b. Place | c. Date(s) |
|  |          |            |
|  |          |            |
|  |          |            |
|  |          |            |

**27. Check any of the conditions listed that you currently have or have had in the past**

|  |  |                                   |  |   |
|--|--|-----------------------------------|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Hearing impaired |
|--|--|-----------------------------------|--|---|

Remarks: If you checked any blocks above or if you have any other medical condition that could result in safety issues for driving, explain here how the condition(s) is being treated, controlled or resolved so as to ensure that no driving safety issue exists.

| Certified Company Representative Use Only (Blue ink)  |  |
|---|--|
| 28. Print name of applicant for Hire:   |  |
| 29. Check category of vehicle applicant intends to operate:   |  |
| <input type="checkbox"/> taxicab <input type="checkbox"/> limousine <input type="checkbox"/> van <input type="checkbox"/> BLS ambulance attendant <input type="checkbox"/> BLS driver only <input type="checkbox"/> handicab <input type="checkbox"/> wrecker |  |
| 30. Name of Certified Company:  | 31. Name of authorized representative: |
|   |  |
| 32. Signature of authorized representative signifying that the applicant will be working with this particular company:  |  |
| _____   | _____                                  |
| Date  | Signature of Authorized Representative |

| This section MUST be signed by the applicant and filled out by a Notary Public.  |  |  |
|--|--|--|
| I HEREBY CERTIFY that all the information provided by me in this application is true and correct. Further, I understand that this application is a public record and I release you, your organization or others from any liability or damage which may result from furnishing the information requested. |  |  |
| Oath of Affirmation<br>State of Florida, County of _____<br>Sworn to (or affirmed) and subscribed before me<br>this ____ day of _____, 20____, by _____<br><input type="checkbox"/> Personally known <input type="checkbox"/> Produced Identification<br>type of identification: _____                   | X _____<br>Signature of Applicant                      date                                    |  |
|  | X _____<br>Signature of Notary Public - State of Florida<br>Date of Expiration of Notary _____ |  |

## **For PTC Office Use Only**

### **PVDL Applicant Checklist**

- Step 1: Fill out application completely in black ink and have notarized.**
- Step 2: Have application signed by prospective Certificate Holder's authorized representative (blue ink) .**
- Step 3: Submit original application to the office of the PTC in person. (2007 West Kennedy Blvd., Tampa, FL, 33606)  
Copies will not be accepted and will cause a delay in processing.  
PTC will take a digital photo & have you sign for a copy of the rules.**
- Step 4: Must bring in original Social Security Card, Florida Driver's License, and \$100.00 cash, check, or money order.**
- Step 5: If you were not born in the U.S.A., bring in appropriate document of residency or citizenship.**
- Step 6: Go to Sheriff's office I.D. Section (Falkenburg Road).  
Photo and fingerprints will be taken (No charge).**
- Step 7: Applicant will be assessed by PTC to determine if minimum qualification requirements are met.**
- Step 8: Applicant will be scheduled for any required classes.**
- Step 9: Telephone the PTC (813-272-5814) three (3) day's from the day applicant was fingerprinted.**
- Step 10: Pick up license at the PTC office if application is approved.**

# DRUG AND/OR ALCOHOL COLLECTION REQUEST

Company: **YELLOW CAB OF TAMPA**

(MIS 813-253-8871)

Donor Name: \_\_\_\_\_ Department: \_\_\_\_\_

*Donor must have this form for Medi-Physicals to perform the drug testing collection*

Report on or before (Date) \_\_\_\_\_ (Time) \_\_\_\_\_ for drug and/or alcohol test(s) to:

MEDI+PHYSICALS, 5635 Hoover Blvd Tampa, Florida 33634 (813) 289-0445 or (800) 329-6334

**TEST(S) REQUIRED:**      [ ] DRUGS                      [ ] ALCOHOL  
(Check one or both)

**TEST PURPOSE:**                      [ ] Pre-employment (Gold Service available)  
(Check one only)                      [ ] Reasonable Suspicion/Post Casualty  
  [ ] Follow-up/Return-to-duty  
  [ ] Periodic  
  [ ] Random (Gold Service and group mobile services also available)  
  Call (800) 329-6334, ext. 220 for on-site group mobile services.

## DRUG TESTING

**TEST PROTOCOL:**                       **Urine - HRS/State ( $\pm 2$  days) (Indicate number of drugs to be tested)**  
(Check one only)    [ ] 5-drugs (amphetamines, cocaine, marijuana, opiates, PCP)

  [ ] 10-drugs (adds barbiturates, benzodiazepines, propoxyphene, methaqualone, and methadone)

[ ] Urine - DOT/Federal ( $\pm 2$  days) (Tests for 5-drugs only)

[ ] Hair - HRS/State ( $\pm 3$  days) (Tests for 5-drugs only)

[ ] Urine - HRS/State, GOLD SERVICE ( $\pm 2$  hours) (Tests for 5 drugs only)  
Available only for HRS/State Pre-employment and Random testing.

[ ] Include adulterant check for 7 analytes.

Estimated turnaround times shown are for negative drug test results.

If positive, add 2 to 3 days for confirmation testing and MRO verification.

## ALCOHOL TESTING

**TEST TYPE:**    [ ] Federal Saliva Screen - (Approved for required random, post-accident and reasonable suspicion screening, If Saliva Screen is checked, a positive result for a Federal DOT test will *automatically* initiate a Breath-Alcohol confirmation test).  
(Check one only, if alcohol is included in test(s) requested)

[ ] Saliva Screen - HRS/State (May also be ordered for State *screening* tests which, if positive, will *automatically* initiate a Blood-Alcohol confirmation test..

[ ] Breath-Alcohol (Federal) (NO preliminary saliva screen)

[ ] Blood-Alcohol (HRS/State) (NO preliminary saliva screen)

Authorized By: \_\_\_\_\_ , \_\_\_\_\_ Phone: \_\_\_\_\_

PRINT NAME

TITLE

QUESTIONS? CALL ASAP PROGRAMS, CLIENT SERVICES DEPT., (800) 329-6334, EXT. 224

**INFORMATION SHEET FOR SAFETY DIRECTOR**

This application for driving will not be considered unless fully completed. Answer all questions.

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Position Sought \_\_\_\_\_

Are you eligible to lawfully work in the United States? Yes / No

Are you presently employed or under contract? Yes / No

Do you have a former name? Yes / No

If yes: First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

May we contact your present and past employers? Yes / No

**REFERENCES** (Please enter 2 personal references not including relatives or persons identified in the previous employment section of this sheet).

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known: \_\_\_\_\_

**DRIVING EXPERIENCE** (list all types of vehicles you have experience driving)

Vehicle Type: \_\_\_\_\_ Number of Years or Months: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Number of Years or Months: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Number of Years or Months: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Vehicle Type: \_\_\_\_\_ Number of Years or Months: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

**LICENSES AND PERMITS** (List all personal and commercial motor vehicle operator's licenses or permits issued in the past three (3) years).

Current License? Yes / No License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you EVER had your license denied, revoked, or suspended? Yes / No

If yes, enter details - (List dates, how long and reason) \_\_\_\_\_

**ACCIDENTS**

Have you been involved in ANY motor vehicle accidents in the past three (3) years? Yes / No

If yes, complete the following:

Date of Accident: \_\_\_\_\_ Nature of Accident: \_\_\_\_\_

Describe Extent of Damage/Injuries \_\_\_\_\_

Number of Death: \_\_\_\_\_ Number of Injuries: \_\_\_\_\_ At Fault: Yes / No

Vehicle Type: \_\_\_\_\_ Commercial \_\_\_ Personal \_\_\_ On/Off Road: On Road \_\_\_ Off Road \_\_\_

**MOTOR VEHICLE REPORT (MVR)**

**\*\*Obtain a copy of your three (3) year motor vehicle report. This can be obtained at any Hillsborough County Clerks office. Please bring this with your completed application. This will help expedite processing of your application. Check your local listings for locations.**

I, \_\_\_\_\_, in connection with this service, authorize all corporations, companies, credit agencies, educational institutions, law enforcement agencies, military services, former employers and individuals to release information they may have about me to Yellow Cab Company of Tampa, Inc. and understand that such a report may contain information about my background, character and personal reputation and that further information may be available upon request within a reasonable period of time.

I understand this notice will also apply to any future report updates that may be requested.

I also certify that this Information Sheet was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_