

**To: Applicant for Public Vehicle Operator's License**  
**Subject: License Application Procedure**

The following procedure is to be followed by applicants for Public Vehicle Operator's License under Chapter 775 of the Toledo Municipal Code.

1. Obtain application/physician's statement form, eye test certificate from Toledo Police identification, 525 N. Erie Street, (1<sup>st</sup> floor, Safety Building)
2. Complete application and have it notarized.
3. Have a physical and eye exam performed. Licensed physician in Ohio must complete the forms. He/She must sign the city's form. This is required for all NEW applicants and each fifth year thereafter. CDL physicals will be accepted. (419-245-3174)
4. Return the following items to Toledo Police Identification Unit, 525 N. Erie Street, (1<sup>st</sup> floor, Safety Building)
  - a. Completed and notarized application/physician's statement.
  - b. Eye Test Certificate.
  - c. Letter of intent (NEW applicants).
5. Identification Unit will fingerprint the applicant and have applicant sign the forms. They will keep the application for approval. Approved applications will be sent to the City of Toledo License Bureau, One Government Center, Suite 2000.

**NOTE:** Approximately three business days after the applicant leaves the Above forms at the Identification Unit, the License Bureau (419-245-1651) will contact you to have a picture taken and license issued.

6. Upon **FULL PAYMENT** at **One Government Center** of license fee, License Bureau will issue license, badge and complete ID card.

**NOTE:** Possible reasons for denial:

- a. Any felony conviction.
- b. Assault, theft, bad checks, shoplifting or conviction.
- c. Any sex conviction including public indecency.
- d. DUI conviction in the past 5 years.
- e. All drug convictions.

**PLEASE NOTE HOURS OF FOLLOWING DEPARTMENTS:**

**Toledo Police Identification:**

RENEWALS in March Tuesday and Thursday 11:30am to 3:30pm  
NEW APPLICANTS Monday through Friday 9:00am to 3:30pm

**City of Toledo License Bureau and Gun Control:**

Monday through Friday (Except holidays) 8:00am to 4:00pm

**ALL TAXI LICENSES EXPIRE AT THE END OF MARCH**

**City of Toledo**  
**Department of Public Safety**  
**Application for Public Vehicle Operator**

|   |
|---|
| Checked by Toledo, OH<br>Police Dept. Records<br>_____ No. Records Found<br>_____ See Attached Record<br>Date _____ CLK _____ |
|---|

**APPLICANT MUST SHOW PROOF OF CITIZENSHIP (BIRTH CERTIFICATE OR NATURALIZED CITIZENSHIP PAPERS) OR PERMANENT RESIDENT CARD**

I, THE UNDERSIGNED, HEREBY APPLY T THE Director of Public safety for a license to drive a Public Vehicle in the City of Toledo, and under oath, answer the following questions contained in this application:

1. Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Present Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. List Addresses for the past two (2) years if not the same as above:  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you possess a valid driver's license? \_\_\_\_\_ State where issued \_\_\_\_\_  
Driver's License Number \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
6. Social Security number \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
7. Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_
8. Can you speak, read and write the English language? \_\_\_\_\_
9. Have you ever served in the armed forces of this or any other country? \_\_\_\_\_  
If yes, give particulars. \_\_\_\_\_
10. Where will you be employed? (Submit letter of intent) \_\_\_\_\_
11. Have you ever applied, or held a Public Vehicle Operator's Licensed issued by the City of Toledo? \_\_\_\_\_  
If yes, give the date and the particulars. \_\_\_\_\_
12. Has any license heretofore issued to you by the City of Toledo ever been suspended or revoked? \_\_\_\_\_  
If yes, give the date and the particulars. \_\_\_\_\_
13. Do you use intoxicating liquors or drugs? \_\_\_\_\_ If yes, are you addicted to alcohol or drugs? \_\_\_\_\_
14. Have you ever been convicted of a criminal offence or traffic offense? \_\_\_\_\_  
If so what? \_\_\_\_\_ Give dates and details \_\_\_\_\_
15. Have you any mental or physical incapacity, or infirmity, of which you are aware, which would in any way interfere with the proper management and control of a motor vehicle by you? \_\_\_\_\_

In consideration of the granting of the license hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of Toledo, or any Department thereof, upon the person to whom the license is issued by leaving a copy of any such paper, notice, letter, summons, complaint or legal process with any member of his family or other person with whom he may reside at the address given on the reverse side of this application.

It is further agreed by the applicant that he will conform with all rules and regulations, and all provisions of Ordinances of the City of Toledo; and at the termination of employment as a driver of a public vehicle will surrender his badge and credentials to the Commissioner of Treasury.

[STATE OF OHIO] SS:

\_\_\_\_\_, BEING DULY SWORN, DEPOSES AND SAYS THAT HE IS THE INDIVIDUAL MAKING THE FOREGOING APPLICATION FOR A DRIVER'S LICENSE: THAT THE ANSWER TO THE FOREGOING QUESTIONS AND OTHER STATEMENTS CONTAINED THEREIN ARE TRUE OF HIS OWN KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\*\*\*\*\*

**Physician's Statement**

This is to certify that I have examined \_\_\_\_\_, The applicant named in this application, and find him to be of sound physique, good hearing, not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind, which might render him unfit for the safe operation of a public vehicle. (If physician is unable to certify as above, state below what physical defects the applicant possess.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Address of Physician

\*\*\*\*\* **For Official Use Only** \*\*\*\*\*

Lic. No. \_\_\_\_\_

Date Iss. \_\_\_\_\_

For Year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City of Toledo  
Department of Public Safety  
Eye Test Certificate**

TO THE EXAMINER

DATE \_\_\_\_\_ 20\_\_\_\_

(All information asked for Must Be Given)

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

|                   | Distance (Smaller type)   | Reading (Larger type) |
|-------------------|---------------------------|-----------------------|
| 1. Vision Without | Right Eye _____ 20/ _____ | _____                 |
| Glasses           | Left Eye _____ 20/ _____  | _____                 |

2. Is the applicant wearing glasses \_\_\_\_\_

|                    | Distance (Smaller type)   | Reading (Larger type) |
|--------------------|---------------------------|-----------------------|
| 3. Vision with the | Right Eye _____ 20/ _____ | _____                 |
| correction is      | Left Eye _____ 20/ _____  | _____                 |
| wearing glasses    |                           |                       |

4. Do you believe the applicant can be benefited with glasses? \_\_\_\_\_

5. Is the applicant color blind for:      Red \_\_\_\_\_      Green \_\_\_\_\_      Amber \_\_\_\_\_

6. Are his fields practically Normal? \_\_\_\_\_

7. Did you discover any diseased condition involving the eye? \_\_\_\_\_

8. Does Applicant have "Single Binocular Vision" \_\_\_\_\_

9. Is there any eye condition found from examining this patient that would prohibit them from driving a public vehicle for hire?    Yes \_\_\_\_\_    No \_\_\_\_\_

Please Print

Name \_\_\_\_\_

Signed \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

**TAXI OPERATOR  
LETTER OF INTENT**

DATE \_\_\_\_\_

City of Toledo  
Division of Police  
Id Section  
525 N. Erie Street  
Toledo, Ohio 43624

Gentleman:

Would you please see that the bearer \_\_\_\_\_  
obtains a City of Toledo Taxi cab/Ambulance/Limousine Drivers License Application. We  
presently have openings for drivers and would appreciate your courtesy in this matter.

**ADVISORY:** To owner/operator. You may want to check applicant for insurance status  
before sending them to apply.

Sincerely,

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Company