



New Driver Permit Checklist

Forms to be completed

- Signed (Operator's Permission Form)
- Physician's Statement
- 2 Reference Forms

Documentation to be provided by applicant

- Photos
- \$15.00 Fee
- TB Test (Result Form Provided by Medical Agency)
- Immigration Information (ie: passport, alien registration card, certificate of naturalization, birth certificate)
- Fingerprints
- Drug Test
- Driving Record
- Criminal History (Certified)
- Driver's License
- Social Security Card

Driver Permit Annual Renewal Checklist

- Criminal Record (Certified)
- Driving Record
- Drug Test
- New Photos
- Driver's Permit Fees \$10.00 (before expiration/within 30 days) – Late \$20.00 (after 30 days)

PROCESS FOR NEW DRIVER PERMITS

1. Go to the DMV in Raleigh (1100 New Bern Avenue; phone number 715-7000) and request a copy of your N.C. Driver's History or you may request your driving record on line by visiting DMV at www.ncdot.gov/dmv and the record will be mailed within 10 business days to you. The fee for a certified copy is \$11.00. If you have a personal vehicle with private insurance, some agents will print a 7-year history for you for a fee.
2. Go to the Courthouse (the county in which you live) and request a copy of your Criminal History. The fee is \$25.00. (A 7 year certified copy and a printout of entire history must be submitted).

If you have any reason to believe that, in accordance with the ordinance, you may be denied a permit based on your driving or criminal history, you may contact the administrator before completing the process.

3. Receive signature (form furnished by the Administrator) from the operator with whom you will be working.
4. New applicants are required to receive and provide TB test results. Only "Registered Patients" will be seen at Lincoln Health Center on Saturdays only. The contact number for Lincoln Health Center is 956-4034. Applicants may also report to any medical office or urgent care location.
5. Physician's Statement (form furnished by the Administrator) must be completed by a Board Certified physician.
6. Produce reliable documentation as allowed under the Immigration and Naturalization Service Rules of the Immigration Reform and Control Act of 1986. Documents may include: a valid resident alien registration card, U.S. Passport, Certification of Naturalization, etc. and a copy of your social security card.
7. Make an appointment with the Durham Police Department Forensic Services Unit at 516 Rigsbee Avenue and have fingerprints (1 set) taken. Cost for fingerprint is \$38.00. Payment must be in the form of a certified check or money order; made out to N.C. Department of Justice and must be received by technician before printing will occur. Please contact Forensic Assistant at 919-560-4432 (ext. 29255) or Forensic Manager (ext. 29266) for an appointment. Days and hours are: Monday-Friday, 8:00a.m. – 11:30a.m. and 2:00p.m. – 3:30p.m.
8. Produce (on forms provided by the Administrator) affidavits of your good character from two (2) reputable people who have known you personally and observed your conduct during the past year.
9. Provide three (3), sized 2"x 2" photographs. COLOR only.
10. Provide drug testing at your expense (see attached letter).
11. Pay fees for a new permit - \$15.00.

For specific questions call 919-560-4366

**(PVFH Administrator) ext. 36414
(PVFH Assistant) ext. 36416**



OPERATOR'S PERMISSION FORM

Date

I, _____, owner of _____
PVFH Operator/Owner PVFH Company Name

give my permission for _____ to

drive a PVFH under my operating permit.

PVFH Operator/Owner Signature



CITY OF DURHAM PVFH DRIVER'S APPLICATION

PHYSICIAN'S STATEMENT

(Please complete both sides of this form)

APPLICANT'S NAME: _____

NOTE TO PHYSICIAN: The person named above is applying for a permit to drive a PVFH. Based on Section 50 of the Durham City Code (Passenger Vehicle for Hire Ordinance), the applicant must complete a physical examination.

1. Does the applicant have any known communicable disease? ___ Yes ___ No

If yes, explain:

2. Does the applicant have any known history or evidence of alcohol or other drug abuse?

___ Yes ___ No If yes, explain:

3. State condition of hearing: _____ Right Ear _____ Left Ear

4. State condition of eyesight: _____ Right Eye _____ Left Eye

Corrected Eyesight: _____ Right Eye _____ Left Eye _____ Both Eyes

Approval: This is to certify that I have examined the applicant herein named, and certify that he/she is not stricken with any physical or mental disability or physical condition which would impair his/her ability to drive a PVFH.

Date _____

Physician's Signature

Denial: If the physician is unable to certify as above, state below what physical or mental disorder the applicant possesses that renders him/her unfit to qualify as a PVFH driver.

Date: _____

Physician's Signature

Physician's Statement

The person named on the opposite side of this form is applying for a driver's permit to operate a PVFH. The Durham City Code requires applicants to obtain a physical examination.

- 1) Please state whether the applicant has been treated for any mental or physical disorders. Please identify the disorder(s) and when the applicant received treatment.

Answer:

- 2) Please state whether the applicant's physical or mental impairment adversely affects his or her ability to drive a PVFH safely.

Answer:

- 3) If it is your opinion that applicant is not fit to drive a PVFH, describe in detail why applicant's physical or mental disorder makes him or her unfit to drive a PVFH in a safe manner.

Answer:

- 4) Describe in detail how the applicant's physical or mental disorder may otherwise endanger the public health, safety and welfare when such applicant is operating a PVFH (e.g. does applicant's mental or physical disorder place passengers in any danger).

Answer:

Date: _____ Physician's Signature

Physician's Address

Physician's License Number and State of Issuance

Physician's Phone Number and FAX Number



DRUG TESTING LETTER

August 20, 2014

Dear Applicants:

The location listed below will accept you without an appointment. Please carry current photo identification with you when you visit the location.

3209 Guess Road
Suite 201
Durham, NC 27705
Phone: (919) 620-0822

Special Note: Collection Hours:

9:00 a.m. – 1:00 p.m. and 2:00 p.m. – 4:30 p.m. – Monday – Friday
(Other times available at a higher fee)

Lunch Hours: 1:00 p.m. – 2:00 p.m.

If you have questions or concerns, please contact me at 560-4366, ext. 36414.

Sincerely,

PVFH Program Administrator



Date _____

_____ has made application to drive a PVFH in the City of Durham. Applicants applying to become PVFH drivers must have (2) reputable persons who have known him/her personally and observed his/her conduct during the year preceding the date of his/her application.

Please complete the brief information below and return to applicant.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Is the applicant, in your opinion, capable of driving a PVFH and dealing with the public on a day-to-day basis? _____

Is the applicant, in your opinion, honest? _____

Is the applicant, in your opinion, reliable? _____

I hereby certify that the above statements are true and accurate:

Signature

Street Address

City State Zip Code

Area Code Telephone number



_____ Date

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