



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
- Immigration Information (ie: passport, alien registration card, certificate of naturalization, **birth certificate**)
- Drug Test
- Criminal History (Cost \$50.80 will be completed at 1907 Fay Street)
- Driver's License
- Social Security Card

Driver Permit Annual Renewal Checklist

- Criminal Record (Certified) from the courthouse)
- 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

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.

1. Receive signature (form furnished by the Administrator) from the operator with whom you will be working.
2. Physician's Statement (form furnished by the Administrator) must be completed by a Board Certified physician.
3. 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.
4. Make an appointment with the GoDurham Transit Administration Building located at 1907 Fay Street, Durham, NC 27704. 919-560-4366 ext. 36414 or 36416.
5. 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.
6. Provide three (3), sized 2"x 2" photographs. COLOR only.
7. Provide drug testing at your expense (see attached letter).
8. Pay fees for a new permit - \$15.00.

For specific questions call 919-560-4366

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

Cell Phone number 919-452-5386



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

PV FH 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

March 14, 2020

Dear Applicants:

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

3500 Westgate Drive
Suite 101
Durham, NC 27707
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. 36416.

Sincerely,

Cheryl J. Lyons
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

_____ 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