



Guidelines for Completion of Taxicab or Public Transit Driver License  
Compliance with Chapter 114 of the Bowling Green Codified Ordinances

Obtain the Application from the City of Bowling Green  
Office of Municipal Administrator  
Online: [www.bgohio.org](http://www.bgohio.org)

Complete the Application and these appurtenances in full, which includes:  
(Codified Ordinance 114.07, 114.08, 114.09)

- Application Questionnaire
- Application signature must be notarized
- Applicant Release Form for Investigation
- Certification from Physician Licensed by the State of Ohio Medical Board Form
- Photographs (Two--Size 3 x 3)
- Fingerprint BCI & I Letter of Authentication (Bureau of Criminal Identification & Investigation)
- Copy of Ohio Driver License
- \$5.00 Fee

Taxi applicants may obtain a fingerprint authentication letter by appointment only from Wood County Sheriff's Department (419-354-9006). Ohio Driver License and Cash Only Fee required by applicant. (BGSU Campus Safety option for current university students).

No license shall be issued until 10 days after the application and appurtenances are filed, or after completion of the investigation of the applicant, whichever comes first. (Codified Ordinance 114.11)

Turn the original application and all appurtenant documents into the Office of the Municipal Administrator. Applications are not able to be submitted by postal mail or any electronic format.

Transit Driver applicants have additional restrictions which must be complied with by applicants who apply to the contract operator of the grant assisted transit service in Bowling Green.

Successful completion of the license process from the City of Bowling Green makes the applicant eligible to be hired by one of the local taxi or transit providers. It does not guarantee an employment position with one of the providers.

It is recommended applicants also print and review Chapter 114 and become familiar with the requirements of taxi or transit laws to potentially assist them as they may prepare to be hired by a local taxi or transit provider. Additional requirements may also be made by the providers for compliance with rules and regulations.

# APPLICATION FOR TAXICAB or PUBLIC TRANSIT DRIVER'S LICENSE

(See Codified Ordinance Section 114.08)

(Must be printed in ink or typed)

**DATE OF APPLICATION** \_\_\_\_\_ **DAYTIME PHONE NUMBER** \_\_\_\_\_

**APPLICANT NAME** \_\_\_\_\_  
First Middle Initial Last

**APPLICANT'S HOME ADDRESS:** \_\_\_\_\_  
Number Street

Home Telephone Number \_\_\_\_\_ City State Zip

**HOW LONG AT CURRENT HOME ADDRESS?** \_\_\_\_\_-YEARS \_\_\_\_\_-MONTHS

**IF ANSWER TO THE ABOVE QUESTION IS LESS THAN FIVE (5) YEARS, LIST PLACE OF RESIDENCE AND LENGTH OF STAY AT EACH RESIDENCE FOR PRECEDING FIVE (5) YEARS.**

Street Address City/State/Zip YEARS MONTHS

Street Address City/State/Zip YEARS MONTHS

Street Address City/State/Zip YEARS MONTHS

## **APPLICANT'S DESCRIPTION:**

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ pounds

EYE COLOR: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

GENDER: Male or Female

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OHIO DRIVERS LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

## **EDUCATIONAL BACKGROUND:** (circle those applicable)

Elementary School Graduate Yes or No

High School Graduate Yes or No

College Graduate Yes or No

Technical or Business School Graduate Yes or No

## **EMPLOYMENT RECORD:** (List only for the preceding five years)

1. \_\_\_\_\_  
Company Address Position Years

2. \_\_\_\_\_  
Company Address Position Years

3. \_\_\_\_\_  
Company Address Position Years

4. \_\_\_\_\_  
Company Address Position Years

5. \_\_\_\_\_  
Company Address Position Years

**PERSONAL REFERENCES:**

1.	Name	Address	Business/Profession	Daytime Phone
2.	Name	Address	Business/Profession	Daytime Phone
3.	Name	Address	Business/Profession	Daytime Phone
4.	Name	Address	Business/Profession	Daytime Phone

**LAW ENFORCEMENT RECORD**

(Signature is required on the Applicant Release Form for completion of a background check)

Have you been convicted of a felony within the last seven (7) years? YES or NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE IN TRANSPORTING PASSENGERS:**

Briefly describe any experience you have had in transporting passengers, especially in transporting passengers for hire.

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

**PHYSICAL QUALIFICATIONS:**

Before approval by the Taxicab License Board, the applicant must provide a certificate from a physician licensed by the State of Ohio Medical Board certifying that in his/her opinion the applicant is not afflicted with any disease or infirmity which might make him/her an unsafe or unsatisfactory driver. (The form is provided by the Municipal Administrator’s office and must be completed by the physician at the applicant’s expense).

**PHOTOGRAPH AND FINGERPRINTS:**

The applicant shall obtain a recent photograph, approximately 3” x 3”. Proof of BCI&I electronic fingerprint submission via letter of authentication. Accomplished at Wood County Sheriff’s Office by appointment only. Ohio Driver License and Cash Only fee required. Call 419-354-9006. All expenses payable by applicant. (BGSU Campus Safety option for current university students.)

**STATEMENT OF APPLICANT—MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and that any falsification of facts shall automatically void this application.

\_\_\_\_\_  
Signature of Applicant

Subscribed in my presence by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Applicants Printed Name

(SEAL)

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

\_\_\_\_\_  
My Commission Expires

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

**APPLICATION FEE**

A fee of \$5.00 is payable with this application. Fee Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

**CHECK LIST OF REQUIREMENTS**

Applicant has produced evidence of his/her ability to operate a motor vehicle?  
(copy of Ohio Driver License attached) YES or NO

Applicant has submitted two photographs of front view size 3” x 3”. YES or NO

Applicant has submitted BCI&I fingerprint authentication letter. YES or NO

Applicant has submitted a physician’s statement certifying the applicants physical  
ability as a safe and satisfactory driver. YES or NO

Police Division background check on applicant’s driving and criminal record.  
(completion of the applicant release form) YES or NO

If the application is rejected, the applicant may request a personal appearance before the Taxicab License Board to offer evidence why his/her application should be reconsidered.

**APPROVAL BY TAXICAB LICENSE BOARD:**

APPROVED: \_\_\_\_\_ - DATE \_\_\_\_\_

APPROVED: \_\_\_\_\_ - DATE \_\_\_\_\_

APPROVED: \_\_\_\_\_ - DATE \_\_\_\_\_



**City of Bowling Green**

304 North Church Street  
Bowling Green, Ohio 43402

**Taxicab or Public Transit Driver's License  
Applicant Police Investigation Release Form**  
(See Codified Ordinance Section 114.09)

I, \_\_\_\_\_, presently residing at \_\_\_\_\_  
(Print Applicants Full Name) (Street Address)  
\_\_\_\_\_, have applied for a Taxicab or Public Transit Driver's  
(City, State, Zip Code)

License with the City of Bowling Green, Ohio. I have been advised and am fully aware that a representative of the Bowling Green Police Division will be conducting a thorough investigation of my background to assist in determining my suitability for this license. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at schools which I have attended; physicians and/or other persons who may have examined or treated me for any physical or other type of illness or injury; police or courts with whom I have an arrest or conviction record; credit bureaus and/or firms who may have information regarding any credit record and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Bowling Green Police Division has been assigned to ascertain.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the Bowling Green Police Division. I further consent and request that the Chief of the Bowling Green Police Division, or his representative, be provided with a copy of any such record concerning me which they may desire.

I recognize the right of the Bowling Green Police Division to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

**WITNESSES:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

**PHYSICIAN'S CERTIFICATION OF MEDICAL CONDITION**

(See Codified Ordinance Chapter 114.08 {B})

(Must be printed in ink or typed)

THIS FORM IS TO BE COMPLETED BY A PHYSICIAN LICENSED BY THE STATE OF OHIO MEDICAL BOARD IN COMPLIANCE WITH SECTION 114.08 (B) FOR AN APPLICANT'S TAXICAB OR PUBLIC TRANSIT DRIVER'S LICENSE FROM THE CITY OF BOWLING GREEN.

DATE OF EXAMINATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Print First, Middle, Last Name of Taxi/Public Transit Applicant)

ADDRESS: \_\_\_\_\_  
(Print Street Address/City/State/Zip of Taxi/Public Transit Applicant)

DATE OF BIRTH: \_\_\_\_\_  
(Taxi/Public Transit Applicant)

I certify that the applicant herein does not have a medical or physical condition, including vision impairment that cannot be corrected, that could interfere with safe driving, passenger assistance, and emergency treatment activity. I further certify that the applicant herein does not have a medical or physical condition that could jeopardize the health and welfare of a client or the general public.

I certify that the foregoing is a record of a careful physical examination on this date of the taxi/public transit applicant person named above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name/Location of Examining Physician

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

\_\_\_\_\_  
Daytime Telephone Contact of Physician

I hereby authorize the above named physician to release to the City of Bowling Green Taxicab License Board information regarding the results of the physical exam.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date