

# FOR-HIRE LICENSE



Taxes & Licenses  
808 W. Spokane Falls Blvd  
Spokane, WA 99201-3336  
(509)625-6070

## REQUIREMENT CHECK LIST

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**ALL** Items must be turned in at the time of application:

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### City Business License

- Must have ***both*** a Washington State Business License & Spokane Registration
  - Taxes & Licenses staff will verify both are current

### For-Hire Application

- Complete the application in full.

### Registration Fee

- Payment of \$55.00 must be made at the time of application. (First-time drivers can “try it out” for 60 days and pay \$55 before end of 60 days if wanting to continue.)
- Can pay with cash, check, money order, debit, or credit card

### Driver’s License

- Must be a licensed driver for at least 3 years

### Fingerprints & Photos

- Obtained at Police Records in Spokane County Public Safety Building, behind courthouse
  - Closed on Monday

### Physical

- Must be a Dept. of Licensing physical—form can be obtained at [www.bls.dor.wa.gov/forms/700340.pdf](http://www.bls.dor.wa.gov/forms/700340.pdf) or [www.dol.wa.gov/forms/500035.pdf](http://www.dol.wa.gov/forms/500035.pdf)
    - Can be done by a physician of your choice
    - A copy of the physical must be included with your application each year
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**The following must be dated no more than 30 days prior to application:**

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### Drug Test

- Must be ***faxed*** to Taxes & Licenses at 509-625-6990 (Cannot bring in test.)
  - Test results **MUST** be for a **5-panel** drug test
  - “Release of Confidential Information” form given to drug testing facility

### Washington Driver’s Abstract

- The City will accept only non-commercial or employment abstracts
- No felony convictions in the past 10 years
- In the past ***year***:
  - No DUI or Reckless Driving convictions
  - Limited to 2 moving violations
- If Washington resident less than 3 years:
  - Must provide ***both*** previous state and Washington driving record
- If you have an out-of-state driver’s license:
  - Must provide an abstract showing past 3 years

### Criminal Background Check

- WATCH** = **W**ashington **A**ccess **T**o **C**riminal **H**istory
- If you have been a Washington resident less than 3 years, you must:
  - Provide ***both*** previous state and Washington
  - Website: <https://fortress.wa.gov/wsp/watch/>

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## APPROXIMATE COST LIST

REQUIREMENT	ESTIMATED FEE	COST SET BY
City Business License	\$113.00	Spokane Municipal Code
State Business License Application OR	19.00	State of Washington
State Business License Renewal	11.00	State of Washington
For-Hire License	55.00	Spokane Municipal Code
Fingerprints & Photos	15.00	Spokane Municipal Code
Physical	100.00	Medical Group
Drug Test	35.00	Medical Group
Washington Driver's Abstract	13.00	State of Washington
Criminal Background Check	<u>12.00</u>	State of Washington
<b>TOTAL</b>	<b>\$354 - \$362</b>	

Prices as of 11/10/2016

Updated 12/07/2017

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## APPLICATION

FOR HIRE LICENCE # \_\_\_\_\_

Date: \_\_\_\_\_ (\$55.00 fee per year)

UBI #: \_\_\_\_\_ Taxi Company: \_\_\_\_\_

### Contact Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

### Must be a licensed driver for 3 years:

Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Can you read and speak the English language? \_\_\_\_\_

Have you ever had a Taxi Operator License before? \_\_\_\_\_

If yes, in what city and state? \_\_\_\_\_

Are you now, or have you been, addicted to the use of alcohol or drugs in the past 2 years? \_\_\_\_\_

In the past 10 years, have you been convicted of:

- a felony? \_\_\_\_\_
- an offense involving moral turpitude? \_\_\_\_\_
- a sexual offense? \_\_\_\_\_

In the last 12 months, have you been convicted of:

- driving under the influence? \_\_\_\_\_
- reckless driving? \_\_\_\_\_
- a hit-and-run while driving? \_\_\_\_\_

I certify (or declare) under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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## FOR-HIRE DRIVER REQUIREMENT CONTACTS

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### DRUG TESTING LOCATIONS:

**(MUST be a 5-PANEL)**-----Fax Results to 509-625-6990

ARCPointLabs -----357 E. 3<sup>rd</sup> Ave.-----509-498-6797  
[www.arcpointlabs.com](http://www.arcpointlabs.com)  
American Mobile Drug Testing-----10905 E. Montgomery Dr., Ste 4-----509-892-6904  
[www.americanmobiledt.com](http://www.americanmobiledt.com)  
Absolute Drug Testing-----1710 W. Mission Ave.-----509-747-8855  
[www.adtlab.com](http://www.adtlab.com)  
Occupational Medicine Associates-----323 E. 2<sup>nd</sup> Ave., Ste 102-----509-455-5555, ext. 221  
[www.omaspokane.org](http://www.omaspokane.org)

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### DRIVER'S LICENSE ABSTRACT (Driving Record)

Driver License Examining Office-----9107 N. Country Homes Blvd.-----509-482-3882  
Driver License Examining Office-----12801 E. Sprague Ave.-----509-921-2357  
[www.dol.wa.gov](http://www.dol.wa.gov)

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### WATCH REPORT (Background Check)

Washington State Patrol website-----<https://fortress.wa.gov/wsp/watch/>

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### PHYSICAL EXAMINATION

Doctor of your choice. Physical Examination Forms available at:  
[www.bls.dor.wa.gov/forms/700340.pdf](http://www.bls.dor.wa.gov/forms/700340.pdf) or [www.dol.wa.gov/forms/500035.pdf](http://www.dol.wa.gov/forms/500035.pdf)

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### FINGERPRINTS & PICTURES

Spokane City Police Records Dept.-----Spokane Public Safety Bldg-----1100 W. Mallon Ave.  
Hours 8:30 – 4:00 ; Closed Mondays [www.spokanecounty.org/1851/Fingerprinting-Services](http://www.spokanecounty.org/1851/Fingerprinting-Services)

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### SPOKANE BUSINESS LICENSE

Business Licensing Service-----Olympia, WA-----[www.bls.dor.wa.gov](http://www.bls.dor.wa.gov) -----1-800-451-7985  
You can apply online or by mail. Mail-in applications are available in our office, or online at same website— [www.bls.dor.wa.gov](http://www.bls.dor.wa.gov) (forms/[top right]/Business License Application/City Business Addendum)

Updated 12/07/2017

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I hereby authorize the City of Spokane, Taxes and Licenses Division, to receive the results of my drug screen test taken on \_\_\_\_\_ from \_\_\_\_\_.

I will not hold \_\_\_\_\_ responsible for any actions taken due to the release of this information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drug Screening Technician

\_\_\_\_\_  
Date

Section 10.34.120 (B)(5) requires an applicant to submit a satisfactory drug screen upon application. A drug screen (5-panel) will not be satisfactory unless the results are **faxed** by the drug screening agency to:

City of Spokane  
Taxes & Licenses  
Phone: (509) 625-6070  
Fax: (509) 625-6990



# Physical Examination

(VALID FOR NOT MORE THAN TWO YEARS FROM DATE OF EXAM)

After August 1, 2012, new examinations must provide a US Department of Transportation Medical Examiner's Certificate, completed within the past 90 days by an examiner meeting the US Department of Transportation standards under 49 CFR 391.41 - 391.49.

PLEASE PRINT

DRIVER'S NAME <i>Last</i> _____ <i>First</i> _____ <i>Middle</i> _____			(AREA CODE) TELEPHONE NUMBER _____		
STREET ADDRESS _____		CITY _____	STATE _____	ZIP _____	DATE OF BIRTH _____

## TO BE COMPLETED BY MEDICAL EXAMINER (Please Print)

Answer each question yes or no where appropriate. The medical examiner should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the driver of a limousine vehicle. In the interest of public safety the medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to operate a limousine vehicle.

### Health History:

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Weight: \_\_\_\_\_ lbs.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Muscular disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nervous stomach
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disorder	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea
<input type="checkbox"/>	<input type="checkbox"/>	Head or spinal injuries	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Extensive confinement by illness or injury
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, fits, convulsions, or fainting	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Suffering from any other disease
<input type="checkbox"/>	<input type="checkbox"/>	Any other nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Permanent defect from illness, disease or injury

If the answer to any of the above is yes, explain in General Comments section below.

**General appearance and development:** Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**Vision:** For distance: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_  Without corrective lenses  With corrective lenses, if worn

Horizontal field of vision: Right \_\_\_\_\_ Left \_\_\_\_\_

Evidence of disease or injury:  Right \_\_\_\_\_  Left \_\_\_\_\_

Color test \_\_\_\_\_

**Hearing:** Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

Disease or injury \_\_\_\_\_

**Audiometric test:** (If audiometer is used to test hearing) Decibel loss at 500 Hz \_\_\_\_\_ at 1,000 Hz \_\_\_\_\_ at 2,000 Hz \_\_\_\_\_

**Throat:** \_\_\_\_\_

**Thorax:** Heart \_\_\_\_\_

If organic disease is present, is it fully compensated? \_\_\_\_\_

Blood pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Pulse: Before exercise \_\_\_\_\_ Immediately after exercise \_\_\_\_\_

Lungs: \_\_\_\_\_

**Abdomen:** Scars \_\_\_\_\_ Abnormal masses \_\_\_\_\_ Tenderness \_\_\_\_\_

Hernia:  Yes  No If so, where? \_\_\_\_\_ Is truss worn? \_\_\_\_\_

**Gastrointestinal:** Ulceration or other disease \_\_\_\_\_

**Genito-Urinary:** Scars \_\_\_\_\_

**Reflexes:** Romberg \_\_\_\_\_

Pupillary \_\_\_\_\_ Light Right \_\_\_\_\_ Left \_\_\_\_\_

Accommodation: Right \_\_\_\_\_ Left \_\_\_\_\_

Knee Jerks: Right: Normal \_\_\_\_\_ Increased \_\_\_\_\_ Absent \_\_\_\_\_

Left: Normal \_\_\_\_\_ Increased \_\_\_\_\_ Absent \_\_\_\_\_

**Extremities:** Upper \_\_\_\_\_ Lower \_\_\_\_\_ Spine \_\_\_\_\_

**Laboratory and other** Urine: Spec. Gr. \_\_\_\_\_ Alb. \_\_\_\_\_ Sugar \_\_\_\_\_

Other laboratory data (Serology, etc.) \_\_\_\_\_

**special findings:** Radiological data \_\_\_\_\_ Electrocardiograph \_\_\_\_\_

General Comments: \_\_\_\_\_

Check here if NOT qualified

Medical Examiner \_\_\_\_\_ License/Cert. No. & State \_\_\_\_\_  
PRINT NAME & TITLE

Address \_\_\_\_\_

Medical Examiner **X** \_\_\_\_\_ Date of Examination \_\_\_\_\_  
SIGNATURE MUST APPEAR HERE

Title 10 Regulation of Activities

Division II. License Code

Chapter 10.34 For-hire Vehicles

Section 10.34.120 Driver's License – Application

In addition to the requirements of SMC 4.04.030, an applicant for a for-hire driver's license must submit:

A. a statement of affidavit, under penalty of perjury:

1. of name, date of birth
2. that the applicant has been a licensed motor vehicle driver for at least three years;
3. of ability to read and speak the English language;
4. that the applicant is not and has not for two years been addicted to the use of intoxicating liquor or drugs;
5. has not been convicted of more than two moving traffic infractions within the last year (twelve consecutive months) and has no current failure to appear charge on his record;
6. that the applicant has not been convicted of an offense involving moral turpitude, a sexual offense, or a felony within the last ten years, or driving under the influence or reckless driving, or hit and run driving within one year, within any state; and
7. that the applicant is not a classified Level II or Level III convicted sex offender according to Washington state law.

B. proof:

1. that the applicant holds a current, valid driver's license;
2. of fingerprinting by the Spokane police department;
3. of a medical examination report.
  - a. Either a Washington state department of licensing form for commercial driving fitness or a Washington state department of licensing physical examination form will be provided to each applicant for a for-hire driver's license at the time application is made. The form shall be completed by a physician, licensed to practice in Washington state, certifying the applicant's fitness as a for-hire driver.
  - b. The medical examination report will be valid for two years from the date of the exam.
4. of a current City business license or proof of the applicant's status as an employee including the name of the employer; and
5. of an annual satisfactory drug screen to be conducted by an approved drug-screening agency at the applicant's cost. If an applicant fails the drug screen test, the applicant may submit another drug screen test not less than ninety days from the initial failed drug screen test.

C. two recent color photographs;

D. name of the company or association whom the operator will be driving for;

E. any changes to the information required above must be reported in writing to the licensing officer within fifteen days of the changes. Failure to report changes shall be grounds for suspension or revocation of a licensee's for-hire license.

Section 10.34.130 Expiration

For-hire operator's licenses are for one year from the date of issuance.

Section 10.34.140 Transfer

A for-hire operator's license is not transferable.