REQUIREMENTS:

Equipment and Identification

* Logo or trade name identification
  - Must contrast with base color of vehicle and be identical for all vehicles associated with same taxi operator.

* Taxi Cab Number
  - Must be in non-removable figures
  - At least 2 inches high
  - Contrast with base color of vehicle
  - Must be placed on both rear quarter panels & right rear of vehicle
  - Must have number on inside of passenger compartment clearly visible to customer

* Name of business or company
  - Must be plainly printed in letters at least 2½ inches high
  - Must be on both sides of the vehicle
  - Must be permanently affixed to vehicle

* Top Light—Must have a top light that clearly indicates when the taxi is in service, with an on/off switch that can be controlled by the driver

* Schedule of Rates posted on exterior and interior of vehicle

* Phone number

City Business License

☐ Must have both a WA State Business License and a Spokane registration Taxes & Licenses staff will verify both are current.

☐ If you do not have a current business registration, you can apply online (www.bls.dor.wa.gov), or by mail. Mail-in applications are available in our office, or online at the same website (forms/[top right]/Business License Application/City Business Addendum)
Emissions Test
- 5 years or newer is not needed
- 6-10 years--every other year as Washington State requires for license renewal. Provide copy.
- Must be done before Safety Inspection
- Must pass Emissions Test or will not pass Safety Inspection

Safety Inspection—Inspection date cannot be older than 30 days
- Take passed Emissions Test results to Safety Inspection
  Can be inspected at any ASE certified mechanic / must submit copy of certificate.

Required Paperwork -- for new vehicle applications and renewal
- Completed Taxi Cab Application
- Safety Inspection results (Inspection date cannot be older than 30 days.)
- Meter Inspection results (Inspection date cannot be older than 30 days.)
  * WA Dept. of Agriculture Weights & Measures
  * 360-902-1857, or Inspector (Scott) 509-346-5560
  * wtmeasures@agr.wa.gov
- Spokane Business Registration
- DOL For-Hire Vehicle Certificate
- DOL Vehicle Registration
- Insurance Binder
  * City of Spokane must show as additionally insured
  * Must be insured for $100,000 or more
  * Insurance liability limits will be increased to match State requirements as needed
FOR-HIRE VEHICLE APPLICATION

Date _________________________

For Hire Operator affiliated with (Taxi company) ________________________________

Vehicle Information:

License Plate # _______________________

Year__________ Make ________________ Model____________  Cab # ______

Vehicle Owner Name ______________________________   UBI # __________________

Address ________________________________________

City __________________________   State __________________  Zip Code _________

Phone _________________  Cell Phone _________________  Other Phone __________

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. And the applicant agrees to comply with the provisions of the Spokane Municipal Code 10.34A and all the laws and regulations thereto.

Signature _______________________________________  Date __________________

Print name _____________________________________

__________________________________________________

To be completed by Taxes & Licenses staff:

Taxi Cab License # ______________________________    Decal #  __________________

Licensing Officer _______________________________     Date __________________
### FOR-HIRE VEHICLE INSPECTION REPORT

**Spokane Municipal Code (SMC) 10.34A.060**

To be inspected by an ASE Certified Mechanic.

<table>
<thead>
<tr>
<th>Description</th>
<th>PASS</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foot Brakes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Parking Brakes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Steering Mechanism</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Windshield</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Rear Window &amp; Other Glass</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Windshield Wipers</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Headlights</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Taillights</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>9. Brake Lights</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Front Seat Adjustment Mechanism</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Doors</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Turn Signal Lights</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>13. Horn</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>14. Speedometer</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>15. Bumpers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Muffler &amp; Exhaust System</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Tires, Including Tread Depth</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Interior &amp; Exterior Mirrors</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Safety Belts</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Taxi Company Name: _______________________________ Date: ________________

Cab Number: _________________ Mileage: _________________

INSPECTION RESULTS  
PASS ☐ FAIL ☐

Inspector Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Initials: __________________________ Date: ________________________________

RE-INSPECTION RESULTS  
PASS ☐ FAIL ☐

Failed Items Not Corrected:
________________________________________________________________________
________________________________________________________________________

Initials: __________________________ Date: ________________________________

I hereby certify this vehicle Approved/Disapproved for Issuance of a City For-Hire license as per SMC 10.34A.060

By: _______________________________ ASE #: _______________________________

ASE Certified Mechanic ASE Certification

PLEASE INCLUDE COPY OF CURRENT ASE CERTIFICATE

Garage/Inspection Facility:

________________________________________________________________________

Location: __________________________________________________________________

Phone: __________________________ Alternate Phone: _________________________