

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF PUBLIC UTILITIES AND CARRIERS
89 JEFFERSON BOULEVARD, WARWICK, RI 02888
TELEPHONE (401) 941-4500

**APPLICATION TO OPERATE A TAXICAB OR
LIMITED PUBLIC MOTOR VEHICLE OR
PUBLIC MOTOR VEHICLE**

The individual listed below hereby makes application to the Division of Public Utilities
And carriers to operate a taxicab or limited public motor vehicle or public motor vehicle as an employee,
partner or lessee:

NAME: _____ DATE: _____

DATE OF BIRTH: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DRIVER'S LICENSE No: _____ *CLASS: _____

Please list all states that you have resided in for the last ten years: _____

Do you have a local or state criminal record outside the State of Rhode Island?

Yes _____ No _____

Do you have a federal criminal record? Yes _____ No _____

(If yes, please outline the criminal record on a separate sheet of paper.)

Are you a U.S. Citizen? Yes _____ No _____ (If no, please provide proof of legal resident status.)

Employer: _____

Signature of Applicant _____

Please Note: Along with this application you must attach an original certified copy of your
Driving Record and Criminal Background Record. Copies must be dated
within 30 days of the filing of your application. Only records obtained from these agencies
are accepted. * **CDL or Class 10 license with an "R" restriction required.**

Obtain Certified Driving Record From:

Registry of Motor Vehicles,
OPERATOR CONTROL SECTION

600 New London Avenue
Cranston, RI 02920
(401) 462-0800

Fee: \$17.50

Obtain Criminal Background Check From:

AG's Office

150 South Main St.
Providence, RI 02903
(401) 421-5268

Fee: \$5.00 Check or Money Order Only

For Office Use Only

BCI Report Date: _____ DMV Report Date: _____
Date Of Review: _____ Approved: _____ Disapproved: _____ (see letter of explanation)

CI initials _____

Hackney # _____

SOCIAL SECURITY NUMBER PRIVACY DISCLOSURE STATEMENT

Providing your Social Security Number to the Division is not mandatory. You may legally refuse to comply with this request. Whether you agree to disclose your Social Security Number is entirely a voluntary decision.

The Division is charged with the responsibility of determining whether you are “fit” before it is able to grant you the authority being requested through the instant application. The basis of this requirement is contained in the following Sections of the Rhode Island General Laws: §39-1-1, §39-1-15, §39-1-38, §39-3-2, §39-12-4, §39-12-5, §39-12-7, §39-12-32, §39-13-2, §39-14-2, §39-14-4.1, § 39-14-12, §39-14-14, §39-14-20, §39-14.1-3 and §39-14.1-8.

The Division has requested that you provide it with your Social Security Number so that it may better evaluate your “fitness” with regard to the regulatory authority you seek. The “fitness” evaluation includes a criminal background and a legal residency investigation. The Division may also employ other means to conduct the fitness evaluation. Providing your Social Security Number to the Division will help expedite the evaluation process.

Your Social Security Number will also be used as a unique internal identifying number.

SOCIAL SECURITY NUMBERS WILL NOT BE OPEN FOR PUBLIC INSPECTION.