

Taxicab and Vehicle for Hire- New Driver Packet

Lee County Board of County Commissioners, Lee County Municipalities, and the Lee County Tax Collector have worked together to revise the existing county ordinance for taxicabs and vehicles for hire.

The revised ordinance requires each driver who operates a taxicab or vehicle for hire vehicle in Lee County must work for a business that has a current Certificate to Operate. The driver is required to obtain a certified criminal history background check upon initial application and every three years thereafter. Upon approval of the background check, a Driver Identification Card will be issued.

Each year, Driver Identification Cards will be issued exclusively from the Lee County Tax Collector's main office: 2480 Thompson Street, Fort Myers, FL 33901.

Enclosed with this letter is a packet containing the information required to meet the provisions of the revised ordinance.

The packet includes:

- New Driver Identification Card Checklist
- Taxicab and Vehicle for Hire Service Fees
- Florida Criminal History Request form
- Driver Identification Card Application
- Driver Authorization Letter

Visit our official website at <u>www.leetc.com/taxi</u> to schedule an <u>appointment</u> to process and issue a Driver Identification Card (appointment confirmation required).

Revised: 03/2017



New Driver Identification Card Checklist

Complete the Florida Criminal History Information Request form and mail it to Florida Department of Law Enforcement (FDLE)				
 Complete the top and bottom sections of the form Mail the form to: 				
Florida Department of Law Enforcement User Services Bureau Criminal History Services Post Office Box 1489 Tallahassee, FL 32302-1489				
 Include a check or Money Order in the amount of \$24.00 made payable to FDLE To prevent delays, the information must be legible 				
Note: The average response time to receive background check results is three weeks.				
 Important information for all drivers: If a driver works for multiple businesses, only one background check is required A Florida Criminal History Information Request form must be submitted to FDLE upon initial application of a Driver Identification Card and every 3 years thereafter 				
When the results of the background check are received, an employee of the Lee County Tax Collector's (LCTC) office will contact the business and/or driver listed on the bottom of the form to obtain a Driver Identification Card				
 Once notified, the business or driver must visit our official website <u>www.leetc.com/taxi</u> to schedule an <u>appointment</u> 				
Complete the application				
Remit \$27.00 Non-refundable new driver application fee				
Present your current and valid Driver License				
Provide a completed Driver Authorization Letter from the business you work for				
A Temporary Permit is available – allows the driver to drive a taxicab or vehicle for hire vehicle while waiting for the Florida Criminal History Information Request form results				

Note: The Temporary Permit is valid for 28 days; the driver is only allowed one (1)

Revised: 03/2017

Remit \$7.00 Non-refundable fee

Temporary Permit.



Taxicab and Vehicle for Hire Service Fees

(New Drivers)

1.	Driver Identification Card a. Application	\$27.00
2.	Temporary Permit a. Temporary Permit	\$7.00
3.	Replacement Driver Identification Card a. Driver Identification Card	\$7.00
4.	Mail Fee: a. Driver Identification Card	\$0.50

Note: Stolen Driver Identification Card will be replaced at no fee if a law enforcement report is presented.

Revised: 03/2017



Florida Department of Law Enforcement Criminal Justice Information Services Post Office Box 1489, Tallahassee, FL 32302-1489 (850) 410-8109



Florida Criminal History Information Request Pursuant to provisions of Chapter 119 and Section 943.053, Florida Statutes

		da criminal history information o			
Last Name			*REQUIRED FIELDS		
First Name*: Middle Name:			NOTE: INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR		
		4.	OPTIONAL INFORMATION		
Other Names Used: Race*: Sex*: Date of Birth*: Social Security Number:			Social Security Number Middle Name		
			Other Names Used		
		N. Indiana.	le. The accuracy of the information provided is		
- rease pr	Ovide a	critical as all searches are	based on this information.		
		Payment	Methods		
Personal of	or Busine	ess Check - Must include pre-pr	inted name of account holder and mailing address		
		Money Order - Must be ma	ade payable in U.S. Funds		
		All payments must be	made payable to FDLE		
9	Submit 4	completed form along with t	the required \$24 fee (per inquiry) to:		
			nt of Law Enforcement		
		User Services Bur	reau		
		Criminal History S Post Office Box 14			
		Tallahassee, FL 3			
	n reques	sting certification of criminal h	Results are available at no additional charge istory information request results istory information request results in Spanish		
□lam	M	ail Criminal History Inforr	nation Request Results To:		
_	_		mation Request Results To: Street: 2480 Thompson Street		
Contact F	Person:	Alan LeBlanc	Street: 2480 Thompson Street City: Fort Myers		
Contact F	Person: Telepho		Street: 2480 Thompson Street		
Contact F	Person: Felepho nber:	Alan LeBlanc ne: 239-533-6000	Street: 2480 Thompson Street City: Fort Myers		
Contact T	Person: Felephonber: pmitted:	Alan LeBlanc ne: 239-533-6000	Street: 2480 Thompson Street City: Fort Myers State: FL		
Contact F Contact T ORI Num Date Sub	Person: Telephonber: pmitted:	Alan LeBlanc ne: 239-533-6000	Street: 2480 Thompson Street City: Fort Myers State: FL		
Contact F Contact T ORI Num Date Sub	Person: Telephonber: pmitted:	Alan LeBlanc ne: 239-533-6000 (if applicable)	Street: 2480 Thompson Street City: Fort Myers State: FL		
Contact F Contact T ORI Num Date Sub	Person: Felephonber: pmitted: the forcess Na	Alan LeBlanc ne: 239-533-6000 (if applicable) Allowing: me:	Street: 2480 Thompson Street City: Fort Myers State: FL		
Contact F Contact T ORI Num Date Sub USB-007 (Rev 06)	Person: Telephonber: Domitted: Second the following the fo	Alan LeBlanc ne: 239-533-6000 (if applicable) bllowing: me: one #:	Street: 2480 Thompson Street City: Fort Myers State: FL		



Driver Identification Card Application

Driver Name:			
First	Middle	Last	
Resident Address: Number and Street			
Number and Street	City	State	ZIP
Business Phone:	Alternate Phone Number:		
Email:	Driver License Number: _		
Social Security Number:	Date of Birth: _		
List all taxicab and vehicle for hire busing	nesses you work for and their telep	ohone number:_	
The undersigned hereby makes application County Ordinance 15-05.	on for a Driver Identification Card	d within Lee Co	unty under Lee
I declare under penalty of perjury that the above referenced ordinance; and that I per the State of	ossess a valid driver license that a		
Driver Signature:			
Driver Printed Name:			
Date Signed:			

Under Florida law, communication, including email address, with our agency is considered public record and may be released upon a public records request.

Revised: 03/2017



Driver Authorization Letter

Driver,				(driver's first and last name)
is hereby		authorized to drive for my business		no longer authorized to drive for my business
				(business name)
under Cer	tificat	te to Operate #		
□ I am h	ereby	requesting an original Driver Identific	ation	Card for the above named driver, if eligible.
	I am	hereby requesting a Temporary Permit	for th	e above named driver, new drivers only.
	The C	Criminal Background check has been re	quest	ed from FDLE.
I declare	under	penalty of perjury that the foregoing is	true	and correct.
Business	Owne	er or Manager Signature:		
Business	Owne	er or Manager Printed Name:		
Date Sign	ed:			