King County - Records and Licensing Services Division
City of Seattle - Consumer Protection Unit
forhiredriver@kingcounty.gov (206) 263-1982

KC Office Use Only	
FH #:	
License Type:	**FHC**

Taxi and For-Hire License Application

☐ New ☐ Renewal ☐ Reactivation

☐ City only - CI ☐ County only - CO ☐ City & County "dual" - CE

First Name	Middle Name	Last Name		
If you ever changed your name or used a different name (Alias) list previous name, or state "No".		Company Driving For:	Owner of Vehicle(s) Yes ☐ No ☐	Cab #
Address (number, street, suite, apartment number)		Email Address		
City	State / Zip Code	Social Security Number		
Mailing Address (number, street, apartment number if different otherwise write "Same")				
City	State / Zip Code			
Home Telephone #	Cell Phone #		Date of Birth (MM/DD/YY)	
Washington (WA) State Driver's License Number*	WA Driver's License Expiration Date	Weight (lbs)	Height (Ft-In)	
* Washington State Driver's License required. Home state Driver's License with active Military ID or Student ID with proof of full-time enrollment and nonresident status may be an acceptable alternative, subject to review and approval.			Hair Color	Eye Color

Has your Driver's License ever been suspended or revoked by any state?
*Yes ☐ No ☐ *If yes, for what reason and what state?

Within the last 5 years have you had any moving traffic violations, tickets, or accidents including dismissed, postponed, at fault (caused accidents), not at fault (did not cause accidents), pending or other status?
*Yes ☐ No ☐ *If yes, list below (attach additional sheet(s) if needed)

Date	Offense or Charge	City	State	Status

I am physically and mentally fit (healthy) to be a for-hire driver: Yes ☐ No ☐

I certify under penalty of perjury under the laws of Washington State that the foregoing is true and correct. Omission of or false representation of a material fact is grounds for denial of my for-hire license/permit and/or vehicle endorsement. By signing this application I authorize King County to request a driving abstract as required by K.C.C. 6.64.590 and a background check as required by K.C.C. 6.64.520. I understand there are no refunds of any fees paid as part of this application.

X (Written Signature, Electronic Signature, or Typed Name) X (Date)

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Requirements	Completed Date or N/A	Fees		
KCSO Background Check		KC License Fee	$24.00	Receipt #:
KCSO Fingerprint (Pink)		KC Late Fee	$	COMMENTS:
KCSO/WSP		City License Fee	$	
IAFIS (FBI)		Fingerprint	$	
NW Background Check		NW Bckgrnd Chk	$	
MVR (New/Renwal/Reactivate)		MVR	$16.00	
SEA/KC Training (In Class)		Training	$	
In Class Exam		Photo	$1.00	
Online Training		Cash Paid	$	
Online Exam		Date Paid		
Defensive Driving Course (DDC)		☐ Credit Card	☐ Debit Card	WAT Certified: YES or NO
Temp Issued: YES or NO		Permanent License:		Reschedule Fee:
Expiration Date:		Expiration Date:		
Date Issued:		Date Issued:		Reschedule /date:
By Initials:		By Initials:		

(Rev 05/10/2021)