

Requirements:

• Must be at least 21 years of age, but not more than 65 years of age. First preference will be given to Medallion owners, then to Veterans and then to all other qualified applicants.

• Must have a Driver License for at least 3 years, with the most recent year in the USVI. Veterans only need one (1) year driving experience in the US Virgin Islands

- Must be able to speak, read and write English. If assistance is needed, applicants should contact UVI CELL for the English Language reading and writing proficiency exam at applicant's expense. Contact <u>cell@uvi.edu</u> for more information.
- Must email this completed application packet to classclicense@tcc.vi.gov
- Must submit all required identification and screening documentation and fees (see below)

Steps:

- 1) Download, complete and scan/email the documentation in this packet to the Taxicab Commission Office: classclicense@tcc.vi.gov Application packet includes:
 - Physical Exam and Vision Exam Forms these must be completed by a licensed physician
 - UVI CELL Course Registration Form
- 2) Bring in the following original documentation to the Taxicab Commission Office:

Locations:

- 3274 Richmond, St. Croix
- 8201 Subbase Suite 1, St. Thomas
- Proof of Nationality (U.S. Passport, Permanent Resident Card, Naturalization Certificate, Certificate of Live Birth to American, Voter Registration Card)

• Identification Documents: U.S. Passport, Permanent Resident Card, Real ID License and Real ID (Identification Card)

UVICELL

- Social Security Card
- Traffic Report (not more than 30 days old), obtain from the VIPD
- Police Report (not more than 30 days old), obtain from VIPD
- Proof of Veteran status (if applicable), DD214 Discharge Form
- **3)** Pay Upfront License Fees at the Taxicab Commission Office (applies to initial and repeat course enrollments)
 - Application, \$100.00
 - Processing, \$100.00
- 4) You will receive an email from the Taxicab Commission Office once you have been screened and approved to take the Taxi & Tour Operator Certification Program at UVI CELL. You will be enrolled into the next available course. The course is 6 weeks in length and meets twice a week on Saturdays or in the evening. Classes are 2 hours in length.

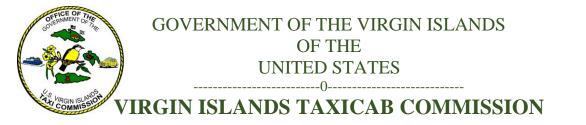
Evaluation:

- **Part I Performance Exam:** Presentation Skills students give accurate historical and landmark commentary for five minutes on a selected topic. This is scored as pass/fail and you must pass this Exam.
- **Part II: Written Exam**: Consists of multiple-choice, true/false, and fill-in-theblank questions; you must score 75% or higher. You will be given three chances to pass the written exam.

If you do not pass both Exams, you may retake the full course and exams at your own cost (\$500.00, payable to UVI CELL).

- 5) Upon passing the Exams, UVI CELL will issue your Certificate of Course completion via email to you, and will copy the Taxicab Commission Office. You have six months from the date of passing the course to obtain your Class C License.
- 6) Pay your final fee:
 - Taxi Operator Identification Badge \$100.00 (Initial or Replacement, payable at Taxicab Commission Office

For assistance, please contact the Taxicab Commission Office at (340) 693-4211, or email classclicense@tcc.vi.gov



Form created 10/18/2024

PHYSICAL EXAMINATION FORM

To be completed by licensed Medical Provider

Name of patient/applicant: ______

Date of birth of patient/applicant: _____

Mark an X in the appropriate space

- 1. Does the applicant suffer from Epilepsy or Seizures? YES ____ NO____
- 2. Excessively high blood pressure? YES ____ NO ____
- 3. Diabetic? YES ____ NO ____
- 4. Nephritis? YES ____ NO ____
- 5. Fainting Spells? YES ____ NO ____
- 6. Any heart ailments? YES ____ NO ____
- 7. Is the applicant crippled in any manner? YES ____ NO ____
- 8. Is the applicant hearing impaired? YES ____ NO ____
- 9. Does applicant suffer from any physical disability? YES ____ NO ____
- 10. Has applicant suffered any physical deformity, loss of leg, arm, hand, or foot? YES ___ NO ___
- 11. Has applicant suffered a stroke? YES ____ NO ____
- 12. Active rheumatic fever? YES ____ NO ____

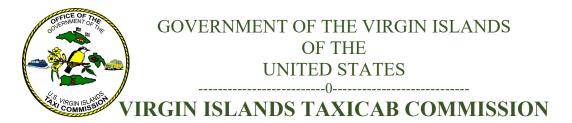
Does applicant suffer hypertension with complications? YES ____ NO ____ 13.

<u>CERTIFICATION</u>: I am of the opinion that the referred to applicant has met the physical/mental requirements for a taxi operator/chauffeur driver's license to operate a vehicle for hire.

DATE: _____

Print Name:

Signature: ______ Licensed Medical Provider



Form created 10/18/2024

VISION EXAMINATION FORM

To be completed by licensed Medical Provider

Name of patient/applicant: ______ Date of birth of patient/applicant: ______

Provide the following information:

	/R.E. 20/	(without glasses)		/ R.E. 20/	(with glasses)
\backslash	/ L.E. 20/	(without glasses)	$\langle /$	L.E. 20/	(with glasses)

Visual Field in Horizontal Meridian

- NOTES: The following are recommendations for the minimal visual standards for a vehicle for hire operator.
 - A. A correctable visual acuity to 20/30 Snellen in each eye. If corrective glasses are required for obtaining visual acuity of 20/30, unbreakable glasses or an extra pair of glasses should be mandatory.

- B. Form fields of 70 degrees in the horizontal meridian with each eye and 140 degrees in the horizontal meridian with both eyes.
- C. Re-examination of eyes every three (3) years.

<u>CERTIFICATION</u>: I am of the opinion that the referred to applicant has met the visual requirements for a taxi operator/chauffeur driver's license to operate a vehicle for hire.

DATE: _____

Print Name: _____

Signature: _____

Licensed Medical Provider





University of the Virgin Islands Center for Excellence in Leadership and Learning #2 John Brewers Bay St. Thomas, USVI 00802 **P** 340-693-1100 Email: <u>cell@uvi.edu</u> • Web: <u>http://cell.uvi.edu</u>

TAXI AND TOUR PROGRAM REGISTRATION FORM

Mr. / Mrs. / Ms. / Miss. Name			
Last Company Name (if applicable):	First		M.I.
Birth Year:	Gender:	Male	Female
		Prefer no	ot to share
Ethnicity American Indian or Alaska Native	☐ Asian ′hite ☐ F	Black or <i>i</i> lispanic or Lating	African American
Mailing Address	City		
State Zip	Email		
This address is a: Business Home Dayti	me Phone		ext
Enrollment: Are you now enrolled, or have you previo	usly enrolled in	UVI? 🗖 Yes	🗖 No
If yes, please indicate which program \Box UVI CELL (C	ontinuing Educ	ation) 🗌 UVI (Ad	cademic Credit)
Check the box below to be added to our mailing list	t.		
To the best of my knowledge, the above information	on is complete	and accurate.	
I Agree I Decline			
Signature	Date		