



### 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 [cell@uvi.edu](mailto:cell@uvi.edu) for more information.
- Must email this completed application packet to [classlicense@tcc.vi.gov](mailto:classlicense@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: [classlicense@tcc.vi.gov](mailto:classlicense@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)

- 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-the-blank 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 [classlicense@tcc.vi.gov](mailto:classlicense@tcc.vi.gov)



GOVERNMENT OF THE VIRGIN ISLANDS  
OF THE  
UNITED STATES  
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**VIRGIN ISLANDS TAXICAB COMMISSION**

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 \_\_\_

13. Does applicant suffer hypertension with complications? YES \_\_\_ NO \_\_\_

**CERTIFICATION:** 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



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**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)
	L.E. 20/	(without glasses)		L.E. 20/	(with glasses)

Visual Field in Horizontal Meridian

√	R.E.	___ degrees
	L.E.	___ degrees

**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.**

**CERTIFICATION:** 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**



## TAXI AND TOUR PROGRAM REGISTRATION FORM

Mr. / Mrs. / Ms. / Miss. **Name** \_\_\_\_\_  
Last First M.I.

**Company Name** (if applicable): \_\_\_\_\_

**Birth Year:**  **Gender:**  Male  Female  
 Prefer not to share

**Ethnicity**  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Hispanic or Latino

\_\_\_\_\_  
**Mailing Address** **City**

\_\_\_\_\_  
**State** **Zip** **Email**

This address is a:  Business  Home **Daytime Phone** \_\_\_\_\_ ext. \_\_\_\_\_

**Evening Phone** \_\_\_\_\_

**Enrollment:** Are you now enrolled, or have you previously enrolled in UVI?  Yes  No

If yes, please indicate which program  UVI CELL (Continuing Education)  UVI (Academic Credit)

**Check the box below to be added to our mailing list.**

Please add me to the mailing list.

To the best of my knowledge, the above information is complete and accurate.

I Agree  I Decline

Signature \_\_\_\_\_ Date \_\_\_\_\_