



# Class 'C' License Application Information and Requirements



## 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 to the Taxicab Commission Office.

## Steps:

- 1) Download, print and legibly complete in black/blue ink, or type, your information in all the forms in this application packet, which includes:
  - Physical Exam and Vision Exam Forms - these must be completed by a licensed physician
- 2) Must bring the following documents to the Taxicab Commission Office:  
Proof of Nationality - Two (2) valid government issued photo ID's:
  - U.S. Passport
  - Real ID License
  - Permanent Resident Card
  - Real ID Identification Card
- 3) Must provide copies of the following documents to the Taxicab Commission Office:
  - Social Security Card
  - Proof of Residency (Deed, mortgage payment booklet, or rental agreement, Utility Bill, Property Tax Statement, Notarized statement from person you live with along with one address document in that person's name, Home Owner Insurance Statement)
  - 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
- 4) The following non-refundable fees must accompany your packet application (applies to initial and repeated course enrollments). You can pay by credit card or money order to the Taxicab Commission Office:
  - Application, \$100.00
  - Processing, \$100.00
- 5) You will receive an email from the Taxicab Commission Office, within 7-10 business days with the results of your application review, notifying you if you have been approved to take the Taxi & Tour Operator Certification Program at UVI CELL.

# Class 'C' License Application Information and Requirements

- 6) The UVI CELL class meets in person, twice a week (evenings and/or Saturdays) for 6 weeks. A photo ID is required for admittance to the classroom and class attendance is mandatory.

UVI CELL Course Evaluation Process:

- **Part I Performance Exam:** Presentation Skills - students give accurate historical and landmark commentary topic about the US Virgin Islands for five minutes on a randomly selected topic. This is graded 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 within 3 months of course completion.

**If you do not pass the Class and you are still interested in obtaining a Class 'C' license, you will be required to complete the application process again, so that you may retake the full course and exams** The following fees **must** be paid to retake the course:

- Application, \$100.00
- Processing, \$100.00
- Payable to UVI CELL, \$500.00

- 7) Upon obtaining a passing grade for the class, UVI CELL will issue your Certificate of Course completion via email to you and will copy the Taxicab Commission Office. You will be required to finalize the process by obtaining your ID Badge and letter from the Taxicab Commission Office to upgrade to Class 'C' license at the Bureau of Motor Vehicles and make payment no later than **three (3)** months from the date of completion on your course certificate from UVI CELL. Thereafter, you will be required to go through the application process and retake the class.
- Pay your final fee for the Taxi Operator Identification Badge - \$100.00 (Initial or Replacement), payable at the Taxicab Commission Office.
- 8) Review this process and checklist to ensure that all the required documents are attached to the application to avoid being disapproved for an incomplete application packet.

For assistance, please contact the Taxicab Commission Office at (340) 693-4211, or email [classlicense@tcc.vi.gov](mailto:classlicense@tcc.vi.gov)



# Class 'C' License Application Information and Requirements

## TAXI AND TOUR PROGRAM APPLICATION 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** \_\_\_\_\_

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

I Agree  I Decline

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



GOVERNMENT OF THE VIRGIN ISLANDS  
OF THE  
UNITED STATES

-----0-----  
**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 disabled 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



GOVERNMENT OF THE VIRGIN ISLANDS  
OF THE  
UNITED STATES  
-----0-----  
**VIRGIN ISLANDS TAXICAB COMMISSION**

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)
	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**