

**CITY OF SPRINGFIELD, MISSOURI**  
**TAXICAB, COURTESY CAR AND LIMOUSINE LICENSE PERMIT INSTRUCTION SHEET**

The Criminal Identification Unit will handle new/renewal applications, processing, and testing between the hours of 9:00 A.M. to 12:00 Noon, Tuesday and Thursday. If you have any questions relating to "DRIVERS PERMITS" call the Criminal Identification Unit at 864-1344.

1. Pick up application and related forms including copy of the City Taxicab, Courtesy Car & Limousine ordinance at the Police Department from personnel at the front desk.
2. Complete and sign the Request for Criminal Record Check Form enclosed in your application packet. **Be sure to type or print legibly when filling out the form.**
3. Go to a physician licensed to practice medicine in Missouri to receive a physical examination and have the doctor complete the physical examination certificate. Also, **you must provide a certificate issued by a qualified screening clinic showing that you have taken and passed drug and alcohol screening not more than five (5) days prior to the payment of application fee.**
4. Take (1) completed application, (2) request for Criminal Record Check Form, (3) and certificates related to physical examination and drug and alcohol screening to the Licensing Division at the Busch Municipal Building, 840 Boonville (located on first floor inside east door). Pay the application fee and obtain a receipt. **You must bring the certificate showing your drug and alcohol screening in order to pay your application fee.**
5. As part of the application process, **applicants must be fingerprinted** by the Identification Unit of the Police Department. This is done by appointment only between the hours of 9:00 A.M. and 12:00 Noon on Tuesdays and Thursdays. To schedule an appointment call the Identification Unit at 864-1344.
6. After you have completed the above steps (1-5), return the following items to the Police Department Criminal Identification Unit.

**Application / Renewal Form**

**Recommendation of Applicant Form**

**Request for Criminal Records Check Form**

**Medical Examination Form signed by your doctor and certificate of drug/alcohol screening.**

**Receipt from the License Office**

**Finger Prints – New Applicants Only**

7. **If you are a new applicant or your driver's permit is 30 days late**, you will be given a Driver's Permit Examination. The test will cover Chapter 118 of the City Code, as well as driving ordinances and general knowledge of the City of Springfield. The test will be composed of multiple choice and true/false questions. There are 30 questions on the test, and the applicant will have to answer 60% of the questions, or 18, correctly to pass the test. If you fail the written test, you may retake the test after two (2) working days. There is no time limit on taking the test.
8. **If you are a new or renewal applicant**, upon completion of the above requirements, you will be issued a "Driver's Permit", which is valid for three (3) years. Upon return of your Criminal History Record to the Police Department, your driver's permit **may be revoked if just cause is found.**



**CITY OF SPRINGFIELD, MISSOURI  
RECOMMENDATION OF APPLICANT FOR TAXI CAB DRIVER'S PERMIT**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

**CERTIFICATE OF LAST EMPLOYER**

1. How long was the applicant herein mentioned in your employ? \_\_\_\_\_
2. What was the date of the termination of such employment? \_\_\_\_\_
3. What was the reason for his leaving your employ? \_\_\_\_\_
4. Is the applicant, to your knowledge, addicted to the use of drugs or intoxicating liquor? \_\_\_\_\_
5. Would you recommend the applicant as a fit person to be licensed to drive a taxicab? \_\_\_\_\_

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

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

\_\_\_\_\_  
**Residence Address**

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Business Address**

**VOUCHER LETTER # 1 (Must have known applicant for at least 12 months)**

1. How long have you known the applicant? \_\_\_\_\_
2. Has your acquaintance with applicant been sufficient for you to personally judge character & habits? \_\_\_\_\_
3. Is the applicant related to you? Give particulars: \_\_\_\_\_
4. Has the applicant ever been in your employ? \_\_\_\_\_
5. Would you employ him now, if opportunity offered? \_\_\_\_\_
6. Is the applicant, to your knowledge, addicted to the use of drugs or intoxicating liquors? \_\_\_\_\_
7. Would you recommend the applicant as a fit person to be licensed to drive a taxicab? \_\_\_\_\_
8. How many cab drivers have you previously vouched for? \_\_\_\_\_

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

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

\_\_\_\_\_  
**Residence Address**

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Business Address**

**VOUCHER LETTER # 2 (Must have known applicant for at least 12 months)**

1. How long have you known the applicant? \_\_\_\_\_
2. Has your acquaintance with applicant been sufficient for you to personally judge character & habits? \_\_\_\_\_
3. Is the applicant related to you? Give particulars: \_\_\_\_\_
4. Has the applicant ever been in your employ? \_\_\_\_\_
5. Would you employ him now, if opportunity offered? \_\_\_\_\_
6. Is the applicant, to your knowledge, addicted to the use of drugs or intoxicating liquors? \_\_\_\_\_
7. Would you recommend the applicant as a fit person to be licensed to drive a taxicab? \_\_\_\_\_
8. How many cab drivers have you previously vouched for? \_\_\_\_\_

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

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

\_\_\_\_\_  
**Residence Address**

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Business Address**

<b>MEDICAL EXAMINATION</b>	
<b>Eye Test:</b> <b>Left Eye:</b> _____ <b>Right Eye:</b> _____	<b>Hearing:</b> <b>Left Ear:</b> _____ <b>Right Ear:</b> _____
<b>Heart action:</b> _____	<b>Evidence of narcotic addiction:</b> _____
<b>Evidence of fainting attacks or epilepsy:</b> _____	
<b>Distinguishing marks:</b> _____ _____	
<b>Remarks:</b> _____ _____ _____	

<b>PHYSICIAN'S CERTIFICATE</b>	
This is to certify that I have examined _____ the applicant named in the within application and certify that he is mentally and physically fit to safely operate and drive a taxicab, courtesy car or limousine.	
_____ <b>Date</b>	_____ <b>Signature of Physician</b>
_____ <b>Address</b>	

<b>CERTIFICATE OF DRUG AND ALCOHOL SCREENING</b>	
<b>Name of Testing Facility:</b> _____	<b>Phone:</b> _____
<b>Address of Testing Facility:</b> _____	
This is to certify that _____ has passed drug and alcohol screening at least equal to the screening requirements set by the United States Department of Transportation for motor carrier drivers with respect to the number and types of drugs or controlled substances tested.	
<b>Results:</b> _____ _____	
_____ <b>Date Certificate Issued</b>	_____ <b>Authorized Signature</b> (Please sign and print name)

<b>LICENSING APPROVAL</b>	
This is to certify that I have examined all facts of this application of _____ and I find them to be in order with existing City Ordinances and have recommended <input type="checkbox"/> Approval <input type="checkbox"/> Rejection of this application this _____ day of _____, 20____.	
_____ <b>Approving Official</b>	



**MISSOURI STATE HIGHWAY PATROL  
REQUEST FOR CRIMINAL RECORD CHECK**

SHP-158K 08/07

PLEASE PRINT OR TYPE.

**GENERAL INFORMATION**

NAME	LAST	FIRST	MIDDLE	JR / SR
MAIDEN / ALIAS	LAST	FIRST	MIDDLE	JR / SR
SEX	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	RACE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			<input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN	
ADDRESS	STREET - P.O. BOX	CITY	STATE	ZIP CODE
ENTITY TYPE	PURPOSE FOR REQUEST			
<input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> LICENSING <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER (specify)			

**TYPE OF RECORD CHECK - PROCESSING FEE - METHOD OF PAYMENT**

(per Sections 43.527 and 43.530, RSMo.)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>\$9.00 NAME SEARCH</b><br>Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction. | <input type="checkbox"/> <b>\$20.00 FINGERPRINT SEARCH</b><br>Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity. |
|--|--|

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

**MSHP / CENTRAL REPOSITORY RESPONSE**



**FORWARD TO - SEND REPLY TO**

Please forward the request and fee to:

**Missouri State Highway Patrol  
Criminal Records and Identification Division  
Post Office Box 9500  
Jefferson City, MO 65102**

**SEND REPLY TO** (Print or type your mailing label below.)

Telephone (include area code) \_\_\_\_\_


## **Criminal Records and Identification Division General Information**

The Missouri Criminal Records Repository (MCRR), collects, maintains, and disseminates Criminal History Record Information (CHRI) as defined by 43.500 and 589.400 RSMo.

Criminal History Record Information is information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition, correctional supervision, and release. All felony and serious misdemeanor arrests (referred to as reportable arrests) including offender registration information as defined under 589.400, RSMo, and all alcohol and drug related traffic offenses are reportable to the MCRR.

Criminal history records are designated as open or closed.

- Open records
  1. arrest record for 30 days following arrest.
  2. arrest record for which charges have been filed.
  3. court disposition of guilty.
  4. suspended imposition of sentence during probation period.
- Closed records
  1. arrest record after 30 days following arrest.
  2. nolle prossed.
  3. dismissed.
  4. found not guilty.
  5. suspended imposition of sentence after probation completed.
- Closed records are accessible to certain groups designated in section 610.120, RSMo.
  - MCRR will only release closed records to those noncriminal justice entities entitled to closed records, when the criminal record check is based on a fingerprint search which will assure the identity of the subject in question.
  - Any person can receive their own record, open and closed, by submission of fingerprints and required fee.

Any requester may receive open record information.

Closed records are accessible by the following, in accordance with 610.120 RSMo, with the submission of fingerprints and required fee.

### **FBI Record requests**

- The FBI files are open to criminal justice agencies for the administration of criminal justice.
- The FBI has only open files in that if someone has the authority to receive the records, they receive all that is on file.
- The FBI allows access to their files to noncriminal justice agencies for certain purposes for a fee.
  - The purpose for the record check must be set forth in the federal regulations.
  - The state, from which the noncriminal justice request originates, must have a state statute specifying the entity has state authority to check the FBI files for the purpose specified.
  - Fingerprints must be submitted before the FBI will release their files to a noncriminal justice entity.
  - The result of the federal record search must terminate at a governmental agency and is not to be released to a private entity.
- All requests into the federal file from the state entities must come through and be stamped by MCRR.
- Effective 10-01-2007, Federal record checks for noncriminal justice entities are \$19.25 for licensing or employment checks and \$15.25 for volunteers to those covered care facilities.

**PENALTY** - A person who knowingly violates any provision of section 43.532, 43.540, 610.100, 610.105, 610.106, or 610.120 is guilty of a class A misdemeanor.