



**PROCEDURES FOR APPLYING FOR
ST. LUCIE COUNTY
CLASS "B" CERTIFICATE OF TRANSPORTATION
(Driver)**

- ___ 1. Application fee of \$100.00 made payable to ST. LUCIE COUNTY
- ___ 2. Fee of \$24.00 made payable to FLORIDA DEPARTMENT OF LAW ENFORCEMENT
- ___ 3. A complete set of fingerprints of the applicant.

Fingerprints are taken at:

**St. Lucie County Sheriff's
Department Identification Bureau
4700 W. Midway Road
Fort Pierce, FL**

- ___ 4. Two (2) current full-face view passport type photographs of the applicant. In the case of a Partnership, Association or Corporation, this information needs to be provided from all Partners, Associates, Corporate Officers, Management Personnel and Directors
- ___ 5. A copy of a valid State of Florida Driver's License of the appropriate classification for the vehicle driven.
- ___ 6. Driver's License check by Nancy Smith, Clerk/Traffic.
- ___ 7. A completed application for each driver applying for a Certificate of Transportation Class 'B'

The applicant is required to meet all of the requirements of Section 1-13.3-20 Standards of review. These standards are to be met by both Class 'A' and Class 'B' Certificates of Transportation Application.

1. Applicant must be at least eighteen (18) years of age on the date of application.
2. Applicant must hold a valid State of Florida Driver's License of the appropriate classification for the vehicle being driven.
3. Applicant cannot have a conviction or plea of nolo contendere, within the preceding five (5) years to any of the following:
 - a. Any crime involving the sale or possession of controlled substances as defined in Section 893.02, Florida Statutes (1993).
 - b. Any crime defined by Chapter 796, Florida Statutes (1993) related to prostitution.
 - c. Any offense relating to driving under the influence of controlled substances or alcohol as set forth in Section 316.193, Florida Statutes (1993).
4. Applicant cannot have a conviction, or pleas of nolo contendere, or any criminal offense or felony involving the use of deadly weapons, unless the civil rights of the applicant or Certificate Holder have been restored.
5. Applicant cannot have a revocation or suspension within the preceding three (3) years of a State of Florida Driver's, Chauffeur's or Commercial Driver's License.
6. Applicant cannot have more than two (2) traffic infractions resulting in accidents in the preceding three (3) years.
7. Applicant cannot have more than four (4) convictions of moving traffic violations in the preceding eight (8) years.
8. Applicant must meet the insurance requirements set forth in Section 1-13.3-21 **if required**.

Taxicab: Not less than twenty-five thousand dollars (\$25,000.00) per person and fifty thousand dollars (\$50,000.00) per incident as to public liability, and property damage coverage in an amount not less than twenty-five thousand dollars (\$25,000.00).

Limousine: Not less than fifty thousand dollars (\$50,000.00) per person and one hundred thousand dollars (\$100,000.00) per incident as to public liability, and property damage coverage in an amount not less than fifty thousand dollars (\$50,000.00).

Van: Not less than one hundred thousand (\$100,000.00) per person and three hundred thousand dollars (\$300,000.00) per incident as to public liability, and property damage coverage in an amount not less than one hundred thousand (\$100,000.00).

FAILURE TO COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL RESULT IN THE DENIAL OF A CERTIFICATE, REVOCATION OR SUSPENSION OF A CERTIFICATE, A DENIAL OF A RENEWAL OF A CERTIFICATE, OR OTHER SUCH REMEDIES AVAILABLE TO THE COUNTY.

App. Fee: _____	Date: _____	Certificate #: _____
-----------------	-------------	----------------------

DO NOT WRITE ABOVE THIS LINE

**APPLICATION FOR
ST. LUCIE COUNTY
CERTIFICATE OF TRANSPORTATION CLASS 'B'
(Driver)**

Applicant Full Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Social Security # _____

Date of Birth: _____

Citizen of the United States: _____ Yes () _____ No ()

The name and address of the individual, partnership, association, corporation, or other entity that owns, controls, operates, exercises dominion over, contracts for, or manages the motor vehicle(s) which will be operated by the applicant to provide passenger transportation services to the public for compensation.

Name: _____

Address: _____

Business Phone Number: _____

Email Address: _____

List all motor carrier certificates, certificate of transportation, or authorizations granted or denied to the applicant by a governmental entity within the preceding three (3) years.

(PHOTO)

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Signature of Notary