



City of Tacoma
Finance Department / Tax and License

Contract Account# _____

For-Hire Vehicle License -Supplemental

Please complete and provide the following documents. Incomplete applications will not be accepted.

- Certificate of Safety
- Vehicle Registration
- Copy of Insurance Policy/Certificate of Insurance
- Additional Insure Endorsement
- Permission / Intent letter from For-Hire Transportation Services Company (if applicable)

See reverse side for additional information on the above requirements

Owner Information

VEHICLE OWNER NAME	BUSINESS NAME	BUSINESS PHONE
HOME ADDRESS		HOME PHONE
EMAIL ADDRESS		

Vehicle Information

MAKE	MODEL	YEAR
VIN NUMBER	WA STATE PLATE NUMBER	

Reason for Applying (Check One)

<input type="checkbox"/>	ADDING NEW FOR-HIRE VEHICLE: Car Number (if applicable) _____
<input type="checkbox"/>	RENEWING FOR-HIRE VEHICLE LICENSE: Car Number _____ Plate Number _____
<input type="checkbox"/>	REPLACING A FOR-HIRE VEHICLE: Date Car Removed From Service _____ Car Number Removed _____ Plate Number Returned _____ Replaced with Car Number _____

Complete Reverse Side

Certificate of Safety:

Certificate of Safety issued by an approved mechanic indicating the vehicle has passed a uniform vehicle safety inspection and is mechanically sound and fit for driving. See Tacoma Municipal Code (TMC) 6B.220.130.E for definition of an approved mechanic.

Vehicle Registration:

Registered owners name must reflect the same name as the licensee. Doing Business Name is not required to be named. However, if named, it must be the name of the company operating as.

Insurance Requirements:

Must provide certificate of insurance or proof of an insurance policy that each for-hire vehicle has liability insurance in an amount no less than required by the Revised Code of Washington (RCW) 46.72.050 as it exists or hereinafter amended. Each vehicle must be listed on the Certificate or policy.

Insurance policy must:

- Licensee's name must be named as Insured.
- Be issued by either a) an admitted carrier in the State of Washington with an A.M. Best Rating of not less than B VII or b) a surplus line insurers with an A.M. Best Rating of not less than B+ VII.
- Name the City as additional insured. **Endorsement must be submitted with proof of insurance**
- Provide that the insurer will notify the City, in writing, of any cancellation and/or non-renewal at least thirty (30) days before the effective date.
- Not include aggregate limits, or name driver requirements or exclusions. Other limits or restrictions beyond standard insurance services office (ISO) business auto policy are subject to approval by the Director.
- Provide underinsured motorist coverage indicating a minimum combined single limit coverage of three hundred thousand (\$300,000) or split level coverage of one hundred thousand (\$100,000) per person, three hundred thousand (\$300,000) per accident.

Signature of Owner and/or Operator

The undersigned hereby certifies that they have complied with the provision of the Revised Code of Washington 46.72.050 with regards to liability insurance. I acknowledge that I must comply with all requirements in the Tacoma Municipal Code 6B.220 and that the information shown is correct to the best of my knowledge and belief under penalties of perjury.

Signature of Applicant

Date