

**INSTRUCTIONS FOR OBTAINING  
HACKNEY OPERATOR'S LICENSE  
(Commonly referred to as "Blue Card")**

**At Attorney General's Office**

**BCI Check**

- a. **What:** Obtain State BCI (criminal history) background check – must be done in person
- b. **Where:** 4 Howard Avenue, Cranston, RI (401) 732-7620
- c. **How Much:** \$5.00
- d. **Note:** *If you have resided outside Rhode Island, you may be required to obtain a criminal history from your previous state of residence.*

**At the DMV**

**Chauffer's License Application (first-time applicants only)**

Application for "R" Restriction can be obtained at DMV or on DMV website

- i. Application requires three (3) references
- ii. Application must be notarized
- iii. May require \$26.00 charge for new license issuance

**New License issuance – Driving History**

- i. Make sure you bring your BCI check and notarized Chauffeur's Application
- ii. Obtain new license with "R" Restriction (\$26.00)
- iii. Obtain copy of your driving history (driving abstract) (\$17.50)
  - a. Once you have the "R" restriction, you need only obtain the driving abstract; that can be done in DMV office or on-line.

**At DPUC Office (89 Jefferson Blvd., Warwick)**

**File application for Hackney Operator's License ("Blue Card")**

- i. Must present your BCI check (no older than 30 days)
- ii. Must present your driver's license with "R" Restriction
- iii. Must present your driving history abstract (no older than 30 days)
- iv. There is NO COST for issuance of Blue Card

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**DIVISION OF PUBLIC UTILITIES AND CARRIERS**  
**89 JEFFERSON BOULEVARD, WARWICK, RI 02888**  
**TELEPHONE (401) 941-4500**

**APPLICATION TO OPERATE A TAXICAB OR**  
**LIMITED PUBLIC MOTOR VEHICLE OR**  
**PUBLIC MOTOR VEHICLE**

The individual listed below hereby makes application to the Division of Public Utilities and Carriers to operate a taxicab, limited public motor vehicle, or public motor vehicle as an employee, partner or lessee:

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE.: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DRIVER'S LICENSE No: \_\_\_\_\_ STATE: \_\_\_\_\_ \*CLASS: \_\_\_\_\_

Please list all states that you have resided in for the last ten years: \_\_\_\_\_

Do you have a local or state criminal record outside the State of Rhode Island?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please outline the criminal record on a separate sheet of paper.)

Do you have a federal criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please outline the criminal record on a separate sheet of paper.)

Are you a U.S. Citizen? Yes: \_\_\_\_\_ (If a Naturalized Citizen, please provide proof of same)  
No: \_\_\_\_\_ (If no, please provide proof of legal resident status)

Employer: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Please Note:** Along with this application, you must attach an original certified copy of your Driving Record and Criminal Background Record, which must be dated within 30 days of the filing of your application. You also must provide one time only a Social Security Number Verification Letter obtained from the Social Security Administration. Only records obtained from the agencies below are accepted. **\* CDL or Class 10 license with an "R" restriction required.**

**Certified Driving Record:**

Obtain from:  
Registry of Motor Vehicles,  
OPERATOR CONTROL SECTION

600 New London Avenue  
Cranston, RI 02920  
(401) 462-0800  
**Fee: \$17.50**

**Obtain Criminal Background Check:**

Obtain from: Attorney  
General's Office

4 Howard Ave  
Cranston, RI 02920  
(401) 732-7629  
**Fee: \$5.00 Check/ Money  
Order Only**

For Office Use Only

BCI Report Date: \_\_\_\_\_ DMV Report Date: \_\_\_\_\_  
Date Of Review: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ (see letter of explanation)

CI initials \_\_\_\_\_ Hackney # \_\_\_\_\_

## **SOCIAL SECURITY NUMBER PRIVACY DISCLOSURE STATEMENT**

Providing your Social Security Number to the Division is not mandatory. You may legally refuse to comply with this request. Whether you agree to disclose your Social Security Number is entirely a voluntary decision.

The Division is charged with the responsibility of determining whether you are “fit” before it is able to grant you the authority being requested through the instant application. The basis of this requirement is contained in the following Sections of the Rhode Island General Laws: §39-1-1, §39-1-15, §39-1-38, §39-3-2, §39-12-4, §39-12-5, §39-12-7, §39-12-32, §39-13-2, §39-14-2, §39-14-4.1, § 39-14-12, §39-14-14, §39-14-20, §39-14.1-3 and §39-14.1-8.

The Division has requested that you provide it with your Social Security Number so that it may better evaluate your “fitness” with regard to the regulatory authority you seek. The “fitness” evaluation includes a criminal background and a legal residency investigation. The Division may also employ other means to conduct the fitness evaluation. Providing your Social Security Number to the Division will help expedite the evaluation process.

Your Social Security Number will also be used as a unique internal identifying number.

**SOCIAL SECURITY NUMBERS WILL NOT BE OPEN FOR PUBLIC INSPECTION.**