City of Milwaukee

PUBLIC PASSENGER VEHICLE DRIVER'S LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE @MILWAUKEE.GOV

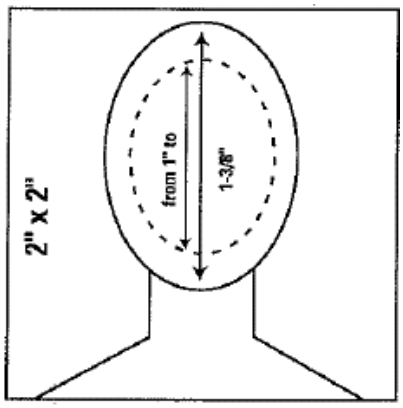
LICENSE REQUIRED: Every person driving a public passenger vehicle, except motorbuses operated by a transportation company, and any person driving a vehicle used for the transportation of elderly or handicapped persons, regardless of whether the vehicle of such organization is licensed or otherwise regulated by the state of Wisconsin as a human service vehicle for the transportation of elderly or handicapped persons, shall be required to possess a Public Passenger Vehicle (PPV) Driver's License.

LICENSE PERIOD: BIENNIAL New licenses granted in odd-numbered years expire on October 31 of the following odd-numbered year. New licenses granted in even-numbered years expire on October 31 of the following even-numbered year. (Example: a new license granted on any date in 2006 will expire October 31, 2008.) Renewal licenses will expire 2 years from the expiration date of the license being renewed.

APPLICATION: Return applications to the License Division. All applications must be notarized and include 2 recent passport-sized, full-face photographs as shown below.

POLAROID OR POLAROID TYPE PICTURES ARE NOT ACCEPTABLE.

Applications submitted without the required fees, notarization or photographs will not be accepted.



LICENSE FEE: (must be submitted with application)
New: $50; Renewal: $35 (Applications must be notarized. A $.50 fee will be charged for applications notarized by the License Division.) If required, payment of $8 for the PPV Driver Test must also be submitted with the license application. Make checks payable to: City of Milwaukee.

REFUNDS: Must be applied for within one year of date of denial or non-issuance of your license. Please allow 4 to 6 weeks from the date of your request for processing.

POLICE DEPARTMENT: All new applicants whose fingerprints are not on file with the police department must report between the hours of 6:00 AM and 6:00 PM to the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305 to be fingerprinted. If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file. *Renewal applicants do not need to be re-fingerprinted by the police department.*

After the Police Department completes the record check, a report will be sent to the license division. If the police department objects to the issuance of the license, the applicant must be scheduled before the Public Safety Committee, which makes a recommendation to the Common Council. (This process can take 5 to 6 weeks. Please note that no meetings are held during the month of August.)

ISSUANCE: If there is no police department objection to the application, and provided all other requirements have been complied with, the license will be issued and mailed to the applicant's home address listed on the application.

DENIAL/REVOCATION: If the Common Council denies a license due to a police record, no applicant can reapply within 12 months of the date of denial.

REQUIREMENTS:

1. Applicants must be at least 18 years of age and hold a valid State of Wisconsin Motor Vehicle Driver's License, excluding an Occupational License.
2. Applicants must successfully complete a Defensive Driving Course ($30) & pass a PPV Driver Test ($8), which is given one hour prior to the Course. Payment for the PPV Driver Test must be submitted at the time of license application. To register, call the Safety Commission at (414) 935-7990.
3. The defensive driving course is waived for non-motorized drivers; however, they are required to take and pass the Public Passenger Vehicle Test and provide proof to the License Division.
4. Drivers of Handicapped and Elderly vehicles are required to complete a Passenger Assistance techniques training program conducted by one of the following trainers:

Angel Acevedo
Bell Therapy Day One
4065 N. 35th St.
Milwaukee, WI 53216
414-445-2112
414-445-5995 (FAX)

Larry Curie
3353 N. 49th St.
Milwaukee, WI 53216
414-442-6559
414-286-8938

Robert Hodnik
Ameracare Transport
355 E. Rosedale Street
Milwaukee, WI 53207
414-482-3113
414-481-2588 (FAX)

Vincent Jackson
Community Care Org.
1555 S. Layton Blvd.
Milwaukee, WI 53215
414-385-6610 Ext. 343
414-944-0000 (FAX)
vjackson@cco-cce.com

Rose Craft
Classroom Instructor
Laidlaw Transit
4524 S. 13th St.
Milwaukee, WI 53221
414-847-2747
414-817-9865 (FAX)

Rosie Littlebird
Sr. Driver & Road Instructor
Transit Express
424 W. Cherry St.
Milwaukee, WI 53212
414-264-7433 Ext. 237
414-264-7460 (FAX)

Karen L. Burris
Training & Mgt. Systems
P.O. Box 14066
West Allis, WI 53214
414-687-0640

Blaine Hampton
Sr. Driver & Road Instructor
Transit Express
424 W. Cherry St.
Milwaukee, WI 53212
414-264-7433 Ext. 237
414-264-7460 (FAX)

Linn Nelson
Sr. Driver & Road Instructor
Transit Express
424 W. Cherry St.
Milwaukee, WI 53212
414-264-7433 Ext. 237
414-264-7460 (FAX)

After applicants complete any required courses, copies of the certificates must be submitted to the License Division either in person or by mail before your license will be issued. Renewal applicants need not submit evidence of course completion.

ORDINANCES GOVERNING PUBLIC PASSENGER VEHICLE DRIVERS ARE LOCATED IN SECTIONS 100-54 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE http://www.milwaukee.gov/ordinances

ccl-182b (06/06)

City of Milwaukee

PUBLIC PASSENGER VEHICLE DRIVER'S LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Any incomplete application or application submitted without the required fee, notarization or photographs will be returned. Checks should be made payable to the City of Milwaukee. Return to above address.

Legal Name:

First Name	Middle Initial	Last Name	Suffix (Jr. Sr., etc.)

List any other names by which you have been known on official records:

Wisconsin Driver's License Number:

Address:	Apt. #

City	State	Zip Code

Mailing Address *(if different from above)*:

Home Phone #	( ) -	Date of Birth:	Place of Birth:

Height:	Weight:	Hair Color:	Eye Color:	Complexion:

Prominent scars, marks, or tattoos on face, hands, or arms (explain) :

Do you wear corrective lenses? Yes ☐ No ☐

Are you hearing impaired? Yes ☐ No ☐

Marital Status: ☐ Married ☐ Single

Do you have any physical defects? Yes ☐ No ☐ If yes, list them:

Have you ever been arrested for any reason? Yes ☐ No ☐
If yes, list date(s), charge(s) and penalties:

_____
_____
_____
_____

Has your driver's license ever been revoked/suspended? Yes ☐ NO ☐
If yes, list reason(s): _____
_____
_____

Employing Company Name:

Address:	Phone #: ( ) -

If new applicant, have you ever been licensed as a Public Passenger Vehicle Driver? Yes ☐ NO ☐

OVER

What type of vehicle will you be driving? Check below all that apply.

NOTE: Course certificates for the required courses below must be provided by the applicant to the License Division prior to issuance of license.

☐ Taxi ☐ Limo ☐ Shuttle ☐ Daycare ☐MOT

Require completion of: Driving Course and PPV Test

☐Handicapped & Elderly

Requires completion of Driving Course, PPV Test and Passenger Assistance Techniques

☐ Horse & Surrey ☐ Pedicab

Require completion of PPV test only

I have knowledge of the City ordinances currently regulating the license applied for herein and understand that the license may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____day of _____,20_____

_____
Signature of Applicant

_____
Notary Public, State of Wisconsin

My commission expires_____

Office Use Only

Initials_____ Filed_____ Issued_____ Grant_____

Horse & Surrey_____ Pedicab_____

Handicapped & Elderly _____

Taxi_____ Limo_____ Shuttle_____ Daycare_____ MOT_____

☐ Viewed WI DL # _____

ccl-182e (07/06)

City of Milwaukee

VOLUNTARY
SELF-DISCLOSURE RECORD

OFFICE OF THE CITY CLERK LICENSE DIVISION
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(414) 286-2238 E-MAIL ADDRESS:
LICENSE@MILWAUKEE.GOV

First Name	Middle I.
Last Name	Suffix (Jr. Sr., etc.)
Wisconsin Driver's License Number:	Date:

Completion of this form is voluntary. Failure to submit data will not in any way affect the granting or issuance of any license or permit. The information provided will remain confidential and will be used only for analyses purposes relating to testing practices.

1. **SEX:** *(Check √one)*

   a) ☐ Female

   b) ☐ Male

2. **ETHNICITY:** *(Check √one)*

   a) ☐ Hispanic or Latino

   b) ☐ Not Hispanic or Latino

3. **RACE:** *(Check √all that apply)*

   a) ☐ American Indian or Alaskan Native

   b) ☐ Asian

   c) ☐ Black or African American

   d) ☐ Native Hawaiian or Other Pacific Islander

   e) ☐ White

   f) ☐ Some other race - Please list: _____