



# DETROIT METROPOLITAN WAYNE COUNTY AIRPORT METRO CABS P.V. LICENSE APPLICATION

**SECTION I: APPLICANT (Print legibly - Use black or blue ink - No white out)**

MARK THE APPROPRIATE BOX:

**PV # Issued:** \_\_\_\_\_

- New \$40    
  Renewal \$40    
  1<sup>st</sup> Replacement \$40    
  2<sup>nd</sup> Replacement \$40    
  3<sup>rd</sup> Replacement \$40 (With Landside Approval)

Company Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Print Full Name: \_\_\_\_\_  
Last (suffix)                      First                      Middle (full name)

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Month / Day / Year

Home Address: \_\_\_\_\_  
House Number                      Street (apt #)                      City                      State                      Zip

Personal Phone Number: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
State / Province / Country                      Ft/In                      Lbs

Email: \_\_\_\_\_

**List any other names legally known by:** (maiden, adopted, previously married, alias, etc.)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**SECTION II: AUTHORIZED SIGNER – IDENTIFICATION VERIFICATION**

Two (2) pieces of valid (unexpired) documentation is required. **COPIES WILL NOT BE ACCEPTED.** At least one ID must have been issued by a government authority and at least one must include a photo. Renewal applicants must provide documentation that establishes both identity as well as employment eligibility.

**TABLE A**                      **AND**                      **TABLE B1**                      **OR**                      **TABLE B2**                      **OR**                      **TABLE B3**  
U.S. Citizens born in U.S.                      U.S. Citizens born outside U.S.                      Non-U.S. Citizens

<input type="checkbox"/> Driver's License or <input type="checkbox"/> State ID #: _____ State of Issue: _____ Expiration: _____	U.S. Social Security Card #: _____	U.S. Passport #: _____ Expiration: _____	Foreign Passport #: _____ Issuing Country: _____ Expiration: _____
Passport #: _____ Expiration: _____	U.S. Passport #: _____ Expiration: _____	Certificate of Citizenship, Birth Abroad, or Naturalization #: _____	<b>AND</b> I-94 #: _____ or I-551 #: _____
Alien Registration Number (ARN) from Employment Authorization Card or Permanent Resident Card #: _____ Expiration: _____	Original (or Certified copy) of U.S. birth certificate  <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>		Alien Registration Number (ARN) from Employment Authorization Card or Permanent Resident Card #: _____ Expiration: _____

As the Authorized Signer, I have reviewed the above documentation to verify they are valid, unexpired, original, and legible.

**Authorized Signer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION III: CREDENTIALS USE ONLY**

Application Received Date: \_\_\_\_\_

STA Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Issued By: \_\_\_\_\_ Auth: \_\_\_\_\_



**DETROIT METROPOLITAN WAYNE COUNTY AIRPORT  
METRO CARS  
P.V. LICENSE APPLICATION**

**SECTION IV: APPLICANT – PRIVACY ACT NOTICE & ISSUANCE AUTHORIZATION**

**Purpose:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator- issued identification media revoked for noncompliance with aviation security requirements. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System.

**Disclosure:** Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Airport credentials. For applications, failure to provide this information will result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment. I understand that any unanswered questions or incomplete information on this application will cause it to be rejected. The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code). I understand the Airport will suspend the unescorted access privileges of anyone with an outstanding arrest warrant. I agree to adhere to all Airport Security rules and procedures and not violate any Federal Regulation or local Ordinances and I acknowledge that I understand the Security responsibilities under 49 CFR 1540.105(a). I understand that failure to comply with any of these rules is a security violation and may result in an Administrative Penalty and/or TSA civil penalty.

By submitting this application and signing below, you consent; to being screened at any time while gaining access to, working in, or leaving a Security Sensitive Area; and that the information contained in this application may be shared with federal, state, and local law enforcement agencies.

I have successfully completed an English proficiency test administered by my Company. I understand that any unanswered questions or incomplete information on this application will cause it to be rejected. I understand that failure to include with this application a letter from the Michigan Secretary of State indicating a valid chauffeur's license; a photocopy of chauffeurs license and evidence of the successful completion of an English proficiency test shall result in automatic denial of a PV License. False or misleading statements on this application will result in the termination of operating privileges and possible Civil Penalties. All signatures contained on this form must be originals (no copies or faxes).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION V: AUTHORIZED SIGNER – P.V. LICENSE ISSUANCE AUTHORIZATION**

I understand this application must be completed and reviewed prior to authorizing it. I affirm that all information on this application is correct and that sufficient administrative records regarding the employment and/or reference required for compliance are available for review by the Airport Authority and maintained by my company as a matter of record. I have made my employees aware of the Airport Authority's rules and regulations and acknowledge responsibility for any administrative penalties levied against my Company, which may be caused by the failure of one of my employees found in violation of the taxicab contractual agreement, Airport authority Rules and regulations and the DTW Security Program. I understand that failure to comply with the requirements of this section will result in the termination of my authorizing authority.

\_\_\_\_\_  
**AUTHORIZED SIGNER – PRINT NAME**

\_\_\_\_\_  
**AUTHORIZED SIGNER - SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DTW BADGE #**

\_\_\_\_\_  
**OFFICE PHONE #**