



Driver Identification Badge Application Checklist

Step 1: Fill out the ENTIRE application. Do not leave any questions unanswered. If it does not apply, indicate not applicable or "n/a".

Step 2: Sign the Acknowledgment of Ordinance and DIB Application Compliance Affidavits

Step 3: Sign Fingerprint Retention Acknowledgment

Step 4: Sign Applicant Waiver Agreement and Statement

Step 5: Present application in person to the Hillsborough County Tax Collectors Office located at 3011 University Center Dr., Suite 150, Tampa, FL 33612. Our office will take your photo as part of the application process.

Step 6: Original DIB's only- Present proof of Social Security Number (SS Card, Paycheck stub, W-2, etc.)

Step 7: Present your Florida Driver's License and 7 year DL transcript issued within 30 days of application. [Click here](#) to learn how to request your driver license transcript.

Handicab Operators please note: Within thirty (30) days of obtaining a DIB, all drivers who operate a handicab must have completed a certified standard first aid course; state certificated standard CPR training course; and a defensive driving course. All drivers issued DIB's to operate a handicab must maintain these required certifications and must provide evidence of such at the time of renewal and upon the request of the Agency and/or Department.

After Application Has Been Submitted:

Step 1: Take transmittal form (given by the HCTC representative) to the Hillsborough County Sheriff's office I.D. Section (1238 Tech Blvd, Tampa FL 33619). The Sheriff's office will take your photo and fingerprints. You will be issued a letter from FDLE with a QR code to scan and pay \$37.50 for the processing of your fingerprints. Once payment is made, the fingerprints will be processed and the background checks conducted.

Step 2: Our office will contact you within four to five business days from the day payment is made for your fingerprint processing. Once approved, you will be directed to pick up your DIB at the Hillsborough County Tax Collectors Office located at 3011 University Center Dr., Suite 150, Tampa, FL 33612.

A \$65.00 applications fee must be submitted at time of application. The application fee is non-refundable.

HCTC Rev 08/25



Application for a Driver Identification Badge (DIB)

(Last Name)		(First name)	(Middle initial)
Current Address (number, street, city, state, zip code)			
Birth Date	Place of Birth / City & State		Race
Height	Weight	Hair Color	Eye Color
Phone Number		Email Address	
Ever been issued a DIB <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, when?	Are you on probation or parole? _____
Florida Driver's License #		Issuance Date	Expiration Date
<p>List the company(s) / Certificate holder(s) you work for:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>This section MUST be signed by the applicant</p> <p>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</p> <p>Further, I understand that this application is subject to public record request(s).</p> <p>X _____</p> <p>Signature of Applicant: _____ Date: _____</p>			
<p>FOR TAX COLLECTOR USE ONLY:</p> <p>Complete Application</p> <p>Reviewed seven (7) year Driver License Transcript, issued within the past thirty (30) days</p> <p>Complete Fingerprint Retention Acknowledgement Form</p>			
<p>Employee first initial and last name: _____</p>		<p>Date: _____</p>	



Acknowledge of Ordinance and DIB Compliance Affidavits

Acknowledgement of Ordinance For Regulation of Vehicles for Hire

The Ordinance details important information about the rules and regulation of Vehicles for Hire, including Driver Identification Badge (DIB).

I understand that it is my responsibility to read, understand and comply with the Ordinance, Resolution, and any revisions made.

I have read and understand the Ordinance, its requirements and the penalties imposed as defined.

Driver Identification Badge (DIB) Application Compliance Affidavit

(Applicant's Name)

do hereby swear/affirm that I am in compliance with all applicable county and municipal ordinances and codes; state laws, regulations and codes; and federal laws and codes.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

Applicant's Signature:

Date:

Applicant Waiver Agreement and Statement

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize (enter Name of Non-Criminal Justice Agency) _____ to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

**ORIGINAL- MUST BE RETAINED BY NON-CRIMINAL
JUSTICE AGENCY**