



FHV, PARATRANSIT, COMMUTER VAN VEHICLE APPLICATION FORM

TYPE OF VEHICLE:			FOR OFFICE USE ONLY	
<input type="checkbox"/> FOR-HIRE VEHICLE	<input type="checkbox"/> PARATRANSIT	<input type="checkbox"/> COMMUTER VAN	WINDOW <input type="checkbox"/>	DROP OFF <input type="checkbox"/>
Street Hail Livery Vehicle ONLY Vehicle Classification: <input type="checkbox"/> Wheelchair Accessible Vehicle <input type="checkbox"/> Non Wheelchair Accessible Vehicle <i>Please Note: A Wheelchair Accessible SHL Permit can only affiliate a Wheelchair Accessible Vehicle.</i>			TLC license number: _____	
What do you want to do: (check all that apply): <i>Please complete all required sections for your application type.</i>			TLC H Record number: _____	
<input type="checkbox"/> New Application	<input type="checkbox"/> Transfer vehicle to another base	<input type="checkbox"/> Transfer Vehicle	<input type="checkbox"/> Change of Information	
<input type="checkbox"/> Renew License	<input type="checkbox"/> Affiliate vehicle to SHL Permit	<input type="checkbox"/> Transfer Plates	<input type="checkbox"/> Replace lost, stolen, mutilated or damaged permit	

Section One -- APPLICANT INFORMATION

Name

D/B/A

Mailing Address

City **State** **Zip** **EIN** **or SS#**

Telephone # - **24 hr Tel. #** -

Email Address

Business Type (please check one): Sole Proprietorship Partnership Corporation

Section Two -- VEHICLE INFORMATION

NEW / CURRENT VEHICLE INFORMATION

VEHICLE ID # **SEATING CAPACITY**

PLATE # **YEAR** **MAKE**

HAS THIS VEHICLE BEEN STRETCHED? YES NO

IF YES, GIVE THE NAME OF THE COACH BUILDER:

Note: If vehicle has a NYS DOT operating authority (MC 300), a Visual Inspection is required, no fee needed.

Section Two -- VEHICLE INFORMATION

OLD VEHICLE INFORMATION

VEHICLE ID # **YEAR**

PLATE # **MAKE**

FOR-HIRE VEHICLES ONLY

1.- Does the vehicle have less than 500 miles recorded on the odometer? YES NO
If you answered NO to question 1, an inspection fee of seventy-five (\$75) is required. The mileage will be verified on the day of your inspection.

2.- Is the vehicle higher than 7 feet? YES NO

3.- Does this vehicle weigh over 8,500lbs? YES NO

If you answered YES to ANY of the above questions, you will be scheduled for a Visual Inspection at our Woodside facility. On questions 2 or 3, on the day of your inspection you will be required to show proof of a Passed DMV inspection within the last four (4) months (which you can obtain at any local licensed NYS DMV inspection facility).

BASE TRANSFER OR AFFILIATION INFORMATION

ALL vehicles licensed by the Taxi and Limousine Commission must be current and affiliated with a licensed base in order to operate. These vehicles can only be operated by drivers with valid TLC licenses who are permitted to operate that type of vehicle. You must submit an affirmation form completed by a base representative . See Affirmation Form on page 4.

NEW/CURRENT BASE or COMMUTER VAN AUTHORITY

BASE / AUTHORITY NAME

BASE LICENSE # *Base Owner: Please review the rules and regulations that mandate affiliation and operation of this vehicle.*

OLD BASE or COMMUTER VAN AUTHORITY

BASE / AUTHORITY NAME

BASE LICENSE # **Has this Base Owner been notified that this vehicle is being removed?**

YES NO

STREET HAIL PERMIT TRANSFER OR AFFILIATION INFORMATION

In order to affiliate a vehicle with a Street Hail Livery Permit the vehicle must have a underlying FHV, PARATRANSIT OR COMMUTER VAN LICENSE. You must submit an affirmation form completed by the SHL Permit Holder. See Affirmation Form on page 4.

TYPE OF SHL PERMIT: **Wheelchair Accessible Vehicle (WAV)** **Non-Wheelchair Accessible Vehicle (Non-WAV)**

If this section is complete, you must submit an affirmation complete by the Permit Holder.

NEW and/or CURRENT PERMIT AFFILIATION -- STREET HAIL LIVERY PERMIT AFFILIATIONS ONLY

SHL PERMIT ENTITY NAME

SHL PERMIT # *Permit Holder: Please review the rules and regulations that mandate affiliation and operation of this vehicle.*

OLD PERMIT AFFILIATION -- STREET HAIL LIVERY PERMIT AFFILIATIONS ONLY

SHL PERMIT ENTITY NAME

SHL PERMIT # **Has this Permit Owner been notified that this vehicle is being removed?**

YES NO

BACKGROUND QUESTIONNAIRE

If you answered "YES" to any of the four questions below, you must provide a signed statement (below or on a separate document) giving pertinent documentation such as names, dates, permit numbers, certificate of disposition etc.

HAVE YOU OR ANY OFFICER OF THIS COMPANY EVER:

- A. had any type of license suspended or revoked? YES NO
- B. had any NYC TLC permit with your name under any other individual, partners, corporations, officers, principals and/or stockholders? YES NO
- C. applied for and/or received any type of Street Hail Livery permit granted by the NYC Taxi & Limousine Commission? YES NO

LIST ALL OWNERS, PARTNERS, OFFICERS AND STOCKHOLDERS (Use additional page if necessary)

Business Type (please check one):

Sole Proprietorship

Partnership

Corporation

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ — _____ # OF SHARES: _____

SS #: _____ — _____ — _____ DRIVER LICENSE #: _____

**For Corporation or Partnership,
please check if you are:**

President

Vice President

Secretary

Treasurer

Shareholder

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ — _____ # OF SHARES: _____

SS #: _____ — _____ — _____ DRIVER LICENSE #: _____

**For Corporation or Partnership,
please check if you are:**

President

Vice President

Secretary

Treasurer

Shareholder

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ — _____ # OF SHARES: _____

SS #: _____ — _____ — _____ DRIVER LICENSE #: _____

**For Corporation or Partnership,
please check if you are:**

President

Vice President

Secretary

Treasurer

Shareholder

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: (____) _____ — _____ # OF SHARES: _____

SS #: _____ — _____ — _____ DRIVER LICENSE #: _____

**For Corporation or Partnership,
please check if you are:**

President

Vice President

Secretary

Treasurer

Shareholder

For Election or Change of Officers use only

At a special meeting, stockholders of _____

Company Name

nominated and duly elected by unanimous vote the officers listed above.

Secretary (Print)

Secretary (Signature)

Date

"I hereby affirm, under penalty of law, that I have examined and reviewed the information in the submitted form(s) or application(s), including any supplemental form(s) and/ or document(s) and that these document(s) and or statement(s) do not contain any untrue statement(s) nor are they missing any material information and/ or fact(s). There has been no changes to the Business Entity structure since the last submission to the TLC if applicable. I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license/ permit."

Name: _____

Signature: _____

Title: _____

Date: _____

Child Support Certification

Certification pursuant to General Obligations Law Section 3-503(2)

Personal information

Last name _____ First name _____

Social Security Number or ITIN _____ Date of Birth ____/____/____

Street address _____ Apt. number _____

City _____ State _____ Zip code _____

Employer information

Business name _____

Street address _____

City _____ State _____ Zip code _____

(Choose #1 or #2, and put an "X" in the box in front of the applicable statement.)

1. I am not under a court or administrative order to pay child support. OR

2. I am under an obligation to pay child support.

My child support account number[s] (if applicable): _____

(If you chose #2, put an "X" in front of the applicable statement.)

a. I do not owe arrears equal to 4 months or more of child support payments.

b. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):

I am making payments by income execution or by court agreed payment/repayment plan or by a plan agreed to by the parties.

My child support obligation is the subject of a pending court proceeding.

I am currently in receipt of Public Assistance or Supplemental Security Income.

My case number is: _____.

c. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby do solemnly swear under oath and subject to penalty of perjury that the information provided by me in this certificate is true and accurate to the best of my knowledge.

Signature _____ Date _____

The intentional submission of false written statements for the purpose of frustrating or defeating payment of support is punishable pursuant to Section 175.35 of the Penal Law. Persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers, and/or recreational license and permits including, but not limited to, license issued pursuant to section 11-0713 of the Environmental Conservation Law.

If you are experiencing difficulties obtaining a NYC license, permit, certificate or registration because of an outstanding child support problem, please come to OCSE's Customer Service Walk-In Center and you may receive assistance in resolving your problem:

The New York City Office of Child Support Enforcement Customer Service Walk-In Center
151 West Broadway, 4th Floor, New York, NY 10013 (between Worth St. and Thomas St.)
Monday – Friday 8 a.m. – 7 p.m.; Saturday 9 a.m. – 5 p.m.