



Legal Department
40 Rector Street, 5th Floor
New York, New York 10006
Tel: 212-676-1135

Matthew W. Daus, Commissioner/Chair

Revised
6/1/09

Closing Date:
Closed by:

MEDALLION NUMBER(S):

APPLICATION FOR TEMPORARY OPERATION
OF TAXICAB OWNER'S LICENSE BY REPRESENTATIVE

IMPORTANT NOTICE

False statements made herein constitute perjury and may constitute grounds for denial of this application and subject the person making same to criminal prosecution. Taxicab licenses are effective June 1 through May 31 except temporary, non-renewable licenses, which expire one (1) year from date of issue. This application must be accompanied by a check or money order for the medallion transfer fee.

TYPE OF OWNER (Check One)

- [ ] Corporation (submit TLC Form for Election of Officers)
[ ] Individual (submit original and copy of hack license)
[ ] Limited Liability Company
[ ] Partnership

OWNER STATUS (Check One)

- [ ] Deceased (submit certified copy of death certificate)
[ ] Incompetent or similar (submit copy of order)

TYPE OF REPRESENTATIVE (Check One)

- [ ] Administrator of a New York Estate (submit certified copy of letters of administration no more than 6 months old. Must be unqualified or in excess of current medallion value)
[ ] Administrator of non-New York Estate (submit certified copy of ancillary letters of administration no more than 6 months old. Must be unqualified or in excess of current medallion value)
[ ] Executor of a New York Estate (submit certified copy of will and certified copy of letters testamentary no more than 6 months old. Must be unqualified or in excess of current medallion value)
[ ] Executor of non-New York Estate (submit certified copy of will and certified copy of ancillary letters testamentary no more than 6 months old. Must be unqualified or in excess of current medallion value)
[ ] Conservator or Guardian (submit certified copy of order of appointment)

A) To be completed by person(s) seeking to temporarily operate taxicab medallions

Name: Social Security Number: Tel:
Address:

Name: Social Security Number: Tel:
Address:

If partnership, provide name and mailing address of authorized person designated to receive correspondence.

Name: Address:

**(B) PROOF OF IDENTITY**

<u>Name</u>	<u>Date of Birth</u>	<u>Gov't issued photo ID?</u>	<u>Social Security Card?</u>

**C) CRIMINAL RECORD:** Has any person named in "A" above ever been convicted of a crime?

Yes \_\_\_ No \_\_\_ If "Yes" complete below and submit copy of disposition. If none, write "NONE".

<u>Name</u>	<u>Date of Conviction</u>	<u>Court &amp; Location</u>	<u>Charge</u>	<u>Disposition</u>

**D) LIABILITY INSURANCE INFORMATION** (Submit Form FH-1)

	<u>Med. #</u>	<u>Med. #</u>	<u>Med. #</u>	<u>Med. #</u>
<b>Carrier:</b>				
<b>Address:</b>				
<b>Policy #:</b>				
<b>Coverage:</b>				
<b>Effective period:</b>				

**E) WORKERS COMPENSATION INFORMATION**

**Carrier:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Effective period:** \_\_\_\_\_

**(F) OTHER MEDALLION OWNERSHIP AND TLC LICENSES**

Is any person named in "A" above presently an officer of a taxicab corporation or own an interest in any taxicab entity? Yes [ ] No [ ]  
If "Yes" complete information below (attach additional sheets if necessary).

<u>Name of Individual</u>	<u>Med. Numbers</u>	<u>Corporate Name</u>	<u># of Shares or Interests</u>	<u>% owned</u>

Has any person named in "A" above ever possessed a taxicab driver's license? Yes [ ] No [ ]. If "Yes" complete information below:

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Has any such person's license ever been revoked? Yes [ ] No [ ]. If "Yes" provide license number and date of license revocation.

License Number: \_\_\_\_\_ Date of Revocation: \_\_\_\_\_

License Number: \_\_\_\_\_ Date of Revocation: \_\_\_\_\_

**G) Vehicles: Submit bill of sale (if any) and registration for each vehicle**

Year	Make	Vin	Meter Make and Serial #	Plate #	Med. #

**VERIFICATION**

\_\_\_\_\_

(names of all representatives)  
 being duly sworn, depose(s) and say(s):  
 That (he, she) has read the foregoing application and that the facts set forth herein are true and correct to the best of (his, her) knowledge and belief; that (he, she) is authorized to make this application, and acknowledges that (he, she) is bound by the provisions of the TLC's Rules and agrees to abide by same.

\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_ day  
 of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
 Notary Public

Papers submitted by: \_\_\_\_\_  
 (Name of individual submitting the application)

Broker, if any: \_\_\_\_\_  
(Name of Broker(s) submitting the application)

Phone number of Broker or Applicant: (     ) \_\_\_\_\_  
(Phone number)