



NEW APPLICATION CHECKLIST FOR AN ALTERNATIVE TECHNOLOGY PILOT PARTICIPANT

Please submit complete applications by email to technology@tlc.nyc.gov, or by mail to Alternative Technology Pilot, Attention: The Office of Policy & External Affairs at 33 Beaver Street, New York, New York 10004.

<p>Proof of Business Status - If a <u>corporation</u>, you must produce a Certificate of Incorporation and a filing receipt. If a <u>partnership</u>, you must produce a Partnership Certificate. If a <u>sole proprietor</u>, you must produce a Business Certificate.</p>	<input type="checkbox"/>
<p>Proof of "Active" Status with the N.Y. Department of State. You may verify your status via the NYS Department of State website at: http://www.dos.state.ny.us/. Please attach a copy of <u>the on screen</u> print-out.</p>	<input type="checkbox"/>
<p>Proof of EIN / Social Security No. – If a <u>corporation or partnership</u>, you must submit an IRS issued CP-575 Notice or a 145-C letter (provided as a replacement or verification letter to business). If a <u>sole proprietor</u>, you must submit an original social security card.</p>	<input type="checkbox"/>
<p>Two forms of identification for each person listed on the application. (One <u>must</u> be a government issued Identification)</p>	<input type="checkbox"/>
<p>Certificate of Workers Compensation Insurance or an exemption from coverage letter is required. The Certificate or Insurance Declaration Page(s) MUST name the "<i>NYC Taxi and Limousine Commission</i>" as the certificate holder. The name and address on the certificate MUST match EXACTLY with the name and address on your application</p> <p>(A) C-105.2 Certificate of Workers' Compensation Insurance; (B) U-26.3 State Insurance Fund Certificate of Workers' Compensation Insurance; (C) Request for WC/DB Exemption (Form CE-200) or approved exemption letter; (D) Equivalent or successor forms used by the New York State Workers' Compensation Board; or (E) Other proof of insurance in a form acceptable to the Commission</p>	<input type="checkbox"/>
<p>Commercial General Liability Insurance – Applicant coverage should have at least five million (\$5,000,000) per occurrence.</p>	<input type="checkbox"/>
<p>Professional Liability Insurance – Applicant coverage should have at least one million (\$1,000,000) per occurrence.</p>	<input type="checkbox"/>
<p>Crime Insurance – Applicant coverage should have at least one million (\$1,000,000) per occurrence.</p>	<input type="checkbox"/>
<p>Business Automobile Liability Insurance – this insurance is required if you are using or will be using privately owned vehicles in connection with any of the activities authorized under Chapter 75-05 (6)</p>	<input type="checkbox"/>
<p>Bond of \$5,000 – The bond must remain valid until one year after the earlier of the date on which the Pilot terminates or the date on which the Participant's participation is terminated or ends, including any extensions that may occur.</p>	<input type="checkbox"/>
<p>Zero outstanding judgments to the TLC, Department of Finance (DOF) Parking Violations and or to any other federal, state or local governmental jurisdiction.</p>	<input type="checkbox"/>
<p>Fee Schedule - A list of all fees, rates, and charges.</p>	<input type="checkbox"/>
<p>Affirmation - Filled out and signed by an owner, partner or one officer representing the owner(s).</p>	<input type="checkbox"/>
<p>Technology System Description - The required documentation needed to confirm system requirements and approved security testing.</p> <ul style="list-style-type: none"> • Statement of Purpose: Value of the proposed ATS and/or GPS Meter • System Documentation: System design documentation that includes a functional description and user guides, impacts on the safety of operations, and cost estimates • Security Policy: Description of policies in place to securely collect and store data, and to prevent tampering or unauthorized access of data. • PCI Compliance: Proof of compliance with applicable PCI standards (ATS only) • Privacy Policy: Description of policies in place meeting industry best practices to protect privacy of passengers and drivers. • Exemptions: Description of the ways the proposed system departs from otherwise applicable requirements, including TLC rules • Taximeter Accuracy: Documentation showing that the GPS-based Meter meets the Tolerance Values contained in Subdivision T.1 of Section 5.54 of NIST's Handbook 44 (GPS Meter only) 	<input type="checkbox"/>

Application for an Alternative Technology Pilot Participant

Business Type (please check one):

Individual/Sole Proprietorship Corporation Partnership LLC

I. BACKGROUND INFORMATION ON BUSINESS (All fields in this section must be filled-out completely for your application to be processed)

Business Name:

D/B/A:

Address:

City: **State:** **Zip Code:**

E-Mail:

Telephone #: **EIN #:** or **SSN#:**

24-Hour Phone #:

Fax #:

Proof of EIN / Social Security No. – If a corporation or partnership, you must submit an IRS issued 145-C letter/notice. If a sole proprietor, you must submit proof of social security number.

I _____, as Owner, Partner, or Officer

(print name)

 Name of Business

(the applicant)

affirm and acknowledge on behalf of the business entity that:

- a. applicant will maintain at all times during the term of their authorization a current mailing address, email address and telephone number with the TLC;
- b. falsification of any statement made herein is a crime punishable by a fine, and/or imprisonment, and/or denial of the license, permit or authorization, or if granted, revocation of same;
- c. an Alternative Technology Pilot Participant must immediately notify the Commission in writing of any suspension or revocation of any license, permit or authorization granted, or any other person acting of his or her behalf by any agency of the City or State of New York, or the government of the United States;

APPLICATION AFFIRMATION

"I hereby affirm and acknowledge, 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). If any of the information in this Application changes, the applicant must inform the NYC Taxi and Limousine Commission of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license/permit/authorization to operate. 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/authorization." I also acknowledge and affirm that I am an owner, officer, partner of the business entity filing this application and that I am authorized and empowered to enter in to binding agreements on behalf of the business entity for the purposes of this application and all related business with TLC."

Title: _____

Signature: _____

II. LISTING OF ALL OWNERS, PARTNERS AND OFFICERS – All individuals listed must answer the background questions in section III. - This page can be photocopied if needed.

Last Name: First Name:

Address:

City: State: Zip Code:

Please check all that apply: Owner: Partner: Officer: Title: # of shares:

EIN/SSN#: Phone #:

Last Name: First Name:

Address:

City: State: Zip Code:

Please check all that apply: Owner: Partner: Officer: Title: # of shares:

EIN/SSN#: Phone #:

Last Name: First Name:

Address:

City: State: Zip Code:

Please check all that apply: Owner: Partner: Officer: Title: # of shares:

EIN/SSN#: Phone #:

Last Name: First Name:

Address:

City: State: Zip Code:

Please check all that apply: Owner: Partner: Officer: Title: # of shares:

EIN/SSN#: Phone #:

III. BACKGROUND QUESTIONNAIRE – required for the Business filing the application **AND** all individuals listed in Section II. - This page can be photocopied if needed.

Below are some background questions about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license/permit/authorization. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your application may be denied if you fail to disclose a conviction in response to the questions.

Business or Individual Name: _____

1. Has this Business or individual ever been licensed by the New York City Taxi and Limousine Commission? YES NO

If YES, provide the following information:

a. name of the business or individual involved	
b. business or home address associated with the license/permit/authorization	
c. TLC license/permit/authorization number	

2. Has this Business or individual ever had a TLC license/permit/authorization denied, suspended, or revoked? YES NO

If YES, provide the following information:

a. name of the business or individual involved	
b. business or home address associated with the license/permit/authorization	
c. TLC license/permit/authorization number	

3. Has this Business or individual ever been an owner, officer, or partner of an entity licensed by TLC? YES NO

If YES, provide the following information:

a. name of the business or individual involved	
b. business or home address associated with the license/permit/authorization	
c. TLC license/permit/authorization number	

If you answer YES for any of the following questions, please include the requested description and attach all relevant documents to this application. NOTE: Description should include the date of conviction, the nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

4. Has this Business or individual been found guilty of a crime or violation within the last five (5) years? YES NO

If YES, please provide a description of the crime or violation.

5. Is there any TLC issued Notice of Violation, Notice of Hearing, Summons, Padlock Order, or other order now in effect and/or pending against this Business or individual or any other entity operated by this Business or individual? YES NO

If YES, please provide a description of the order, including all TLC imposed obligations to pay fines or restitution that have not been satisfied in full.

6. Has any court rendered a final judgment against this Business or individual or any other entity operated by this Business or individual for activity related to the conduct of a business? YES NO

If YES, please provide a description of the court judgment.

"I hereby affirm and acknowledge, 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). If any of the information in this Application changes, the applicant must inform the NYC Taxi and Limousine Commission of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license/permit/authorization to operate. 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/authorization." I also acknowledge and affirm that I am an owner, officer, partner of the business entity filing this application and that I am authorized and empowered to enter in to binding agreements on behalf of the business entity for the purposes of this application and all related business with TLC."

Name: _____

Signature: _____

Title: _____

Date: _____