

NEW FITNESS RULES NOTICE

PLEASE READ CAREFULLY BEFORE YOU HAND IN YOUR APPLICATION

Recently the TLC made some Rule changes to the license application process. The new Rules include a one (1), two (2) and three (3) year application **ban** depending on an applicant's TLC and DMV history.

Please note that if TLC staff either could not or failed to determine that an application should be rejected when submitted, and the application is accepted, the license application fees will not be refunded.

An applicant **should not** submit an application if the applicant's TLC or DMV history matches the descriptions listed below.

One (1) Year Ban - (if during the previous year)

- * More than three (3) traffic accidents within a single year. The one (1) year ban will start from the date of the last accident.
- * The traffic infraction of unlicensed operation of a motor vehicle.
- * A prior TLC application was denied because the applicant was found not fit to hold a license. The one (1) year ban will start from the **date** the prior application was denied.
- * Illegal Use of Drugs- determined by a positive result on a drug test required by the TLC and where the drug test result was unchallenged or unsuccessfully challenged. The one (1) year ban will start from the date of the failed drug test.

Two (2) Year Ban - (if during the previous two years)

- * Conviction of six (6) or more TLC Rule violations while holding any license or licenses issued by the Commission. The two (2) year ban will **start** from the date of the last violation.
- * Any act constituting for-hire operation of a motor vehicle without a valid TLC License, except for the traffic infraction of unlicensed operation.

Three (3) Year Ban - (If during the previous three years)

- * Any act, as prohibited by TLC Rules, of driving a TLC licensed vehicle while impaired by intoxicating liquor (regardless of its **alcoholic** content) or drugs.
- * Any act, as prohibited by TLC Rules, of bribery, fraud, material misrepresentation, theft, threat against a person, harassment, abuse, or use of physical force.
- * Any act, as prohibited by TLC Rules, involving possession of a weapon in a vehicle licensed by TLC.
- * **Revocation of a prior license.** If your license was revoked, the three (3) year ban will start from the date of the revocation.
- * **Surrender while license revocation charges were pending.** If a prior license was surrendered before the expiration date, the three (3) year ban will start from the date it was surrendered.
- * **License expiration while license revocation charges were pending.** If a prior license expired while license revocation charges were pending, the three (3) year ban will start from the date the license expired.

An Application Can Also Be Denied for the Following Reasons:

- * Mistake or Omission in the application. If the application includes any material mistake or omission, or if the applicant fails to inform the Chairperson of any material change in the application.
- * Critical Driver Program: If you have accumulated 6 or more points within 15 months prior to and including your most recent DMV point violation, you would, if licensed, be subject to license suspension or revocation under the Critical Driver Program; therefore, your application will be denied.
- * Pendency of Criminal Charges. The Chairperson will defer consideration of an application if the applicant has criminal charges pending. If the charges are not resolved within 90 days after the submission of the application, the application will be denied.

"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). 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."

→ PRINT NAME: _____

→ SIGN NAME: _____

→ DATE: ____/____/____

APPLICATION FOR A TLC DRIVER'S LICENSE

1. DRIVER DETAILS

Motorist ID-
Licensing State: NY NJ CT PA

Driver License Number:

2. License Type you are applying for: *Please check one (1)*

- Yellow Taxicab Para Transit
 Commuter Van For-Hire Vehicle:

3. APPLICANT INFORMATION

(All fields must be filled out completely for your application to be processed)

Last Name:

First Name:

Middle Name:

Mailing Address:

Street:

Apt. #:

City:

State:

Zip Code:

Date of Birth:

(i.e. 06051988 - for June 5, 1988)

Social Security #:

- -

Telephone #:

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Cell Phone #:

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Email address:

(optional)

Residence if different from mailing address:

Address:

Street:

Apt. #:

City:

State:

Zip Code:

4. IDENTIFICATION INFORMATION *(All questions must be answered)*

Sex: Male Female

Hair Color: Blonde Brown Black Red Other

Eye Color: Blue Brown Black Green Other

Height: _____(feet)_____(inches) Weight: _____(lbs) Place of Birth: (Country) _____

5. LANGUAGE INFORMATION *(This question is optional – you do not have to answer this question)*

What is the first language you speak at home?

English Spanish Cantonese Mandarin Korean

Arabic Russian Urdu Hindi Other:
(please specify) _____

6. QUESTIONNAIRE *(All questions must be answered)*

Have you ever:

1. applied for and/or received any NYC TLC license type? Yes No
2. had any NYC TLC or DMV license suspended or revoked? Yes No
3. been convicted of a crime (any misdemeanor or felony)?
You should answer YES if you were convicted of a misdemeanor or felony, even if you were sentenced to community service or you were put on probation.
You should answer NO if your only misdemeanor or felony convictions were as a youthful offender, juvenile delinquent or person in need of supervision. (See note below) Yes No
4. been convicted of driving while ability impaired by alcohol or drugs, driving while intoxicated, or driving while under the influence of alcohol or drugs? Yes No

PLEASE NOTE: A conviction does not necessarily mean you will not get a license. Factors such as the nature 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 (see Article 23-A of the New York State Corrections Law). However, your license may be denied if you fail to disclose a conviction in response to the above questions. If you answered YES to questions 3 or 4, you must provide appropriate documentation including any final dispositions.

DECLARATION OF APPLICANT

Under penalties of perjury, I _____, declare that I have examined this application, and accompanying
(please print name)

Medical Form, if applicable, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is missing or has incorrect information, or if my past TLC or DMV record makes me ineligible under the one, two, or three-year TLC Rule Application time bans, my application will be rejected and that any fees I paid will not be refunded. If or when I become eligible, I can re-apply with a corrected application including the required application fees. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it; and I understand and agree that the New York City Taxi & Limousine Commission may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application, and that I must follow and obey all rules and regulations of the New York City Taxi and Limousine Commission.

Applicant's Signature

Date

MEDICAL CERTIFICATION FORM

“Yellow” Taxicab applicants only are required to complete Medical Form

This is to certify that I have examined _____
(name of applicant)

the applicant for a NYC Taxi and Limousine Commission TLC Driver’s License,

on _____, and based on my examination reported herein,
(date of exam)

it is my opinion that s/he:

is medically fit to safely operate a TLC licensed vehicle.

is not medically fit to safely operate a TLC licensed vehicle.

If not, list disqualifying reasons:

Physician’s Last Name, First Name

Physician’s Signature

Number & Street (Mailing Address)

Physician’s License #

City State Zip Code

State in which Physician is licensed

Phone# () _____ - _____



THIS FORM MUST BE VALIDATED WITH AN OFFICIAL STAMP BY PHYSICIAN.