

## Medical Certification Form – Renewal Applicant

TLC Driver License applicants (Medallion, Street Hail Livery and For Hire Vehicle)  
must have this form completed by a Licensed Physician after a medical examination.

**No other form will be accepted.**

**When to get examined:** The date of your medical examination cannot be more than 90 days before the date that you submit your Renewal application.

**How to submit this form:** You must submit this completed form to the TLC by attaching the form to the online TLC application. If you have already submitted your online application, you may email this form to: [renewdrivermr@tlc.nyc.gov](mailto:renewdrivermr@tlc.nyc.gov), or mail it to:  
**NYC TLC Licensing and Standards Division, Attention: Driver Renewals  
31-00 47th Avenue, 3rd Floor Long Island City, NY 11101**

**When to submit this form:** If you do not submit this form to the TLC before your license expires, your license renewal will be denied.

**If you have any questions, please visit our website at: [www.nyc.gov/tlc](http://www.nyc.gov/tlc).**

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FOR LICENSED PHYSICIAN'S USE ONLY:

I certify that I have examined \_\_\_\_\_,  
(name of applicant)  
the applicant for a NYC Taxi & Limousine Commission Driver's License Renewal bearing license  
number \_\_\_\_\_, on \_\_\_\_\_.  
(TLC License #) (date of exam)

Based on this examination, 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.

Medically fit means that the applicant is of sound physical condition with good eyesight and no epilepsy, vertigo, heart trouble or any other infirmity of body or mind to the extent that it would render the applicant unfit for the safe operation of a licensed vehicle at all times of the day.

\_\_\_\_\_  
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 Number



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