Licensing and Standards Division
32-02 Queens Boulevard, 2nd Floor,
Long Island City, New York 11101-2324
Tel: 212.227.6324, www.nyc.gov/tlc

If you would like to notify the TLC that you are no longer using your vehicle for-hire, and therefore would like to cancel your TLC vehicle permit, please fill out and notarize the below affidavit ***You may submit this affidavit in person, or mail it to the address noted above.***

_____, being duly sworn, proposes and says:
Name (please print)

I am authorized to give this affidavit and make requests, authorizations, and representations set forth herein.

Please choose one (1) of the following

I own/owned the vehicle which holds TLC Permit No. _____ and which bears vehicle identification (VIN)
print Lic #

Number _____ and State License Plate No. _____. I am no longer using this vehicle as a vehicle
print VIN **print Plate**

for hire and am no longer using the TLC Permit. I hereby request and authorize that this TLC Permit be cancelled.

I am the Owner, Partner, Officer or Stockholder **(circle one)**

of _____ which owns/owned the vehicle which holds TLC Permit No.
Print Name of Business or Corporation

_____ and which bears vehicle identification (VIN) Number _____
Print Lic # **Print VIN**

and State License Plate Number _____. The owner is no longer using this vehicle as a vehicle for and is no
Print Plate

longer using the TLC Permit. The owner hereby requests and authorizes that this TLC Permit be cancelled.

→YOU MUST SIGN HERE: _____ **→DATE HERE: _____**
Authorized Signature *Date*

NOTICE:
1. *The submission of a false affidavit will make the submitter liable to possible administrative and/or criminal penalties.*
2. *According to Commission Rule 6-02(a)(3)(b), surrendering your plates will terminate your for-hire vehicle permit. You must apply for a new for-hire vehicle owner's license.*

STATE OF _____
SS:
COUNTY OF _____

Sworn to me this _____ day of _____ _____

_____
Notary Signature

THIS AREA MUST BE COMPLETED BY A TLC AGENCY DESIGNEE

NAME: _____

SIGNATURE:_____ DATE:_____