



OFFICE USE ONLY
License Number: _____
CAMIS Number: _____

42 Broadway
New York, NY 10004

nyc.gov/dcwp

PEDICAB REINSPECTION FORM

Pedicab Business Name:	
DCWP Business License Number:	
Business Address:	
Contact Name:	
Contact's Telephone Number:	
Contact's E-mail Address:	

Important:

To submit this form, you must first pay the inspection fee of \$55 for *each* pedicab that requires inspection. (The fee is charged if you fail to appear for a scheduled inspection or if your pedicab(s) fail inspection.) Fee must be paid by credit card, money order, or check. Cards accepted include Visa, MasterCard, American Express, and Discover Card. Checks or money orders must be payable to NYC Department of Consumer and Worker Protection.

If your pedicab(s) failed inspection, you must also submit a copy of the Certificate of Inspection (received at the inspection site) for each pedicab listed on this form and the inspection fee(s).

Instructions

List on the Roster the Pedicab Identifying Number (PID) and DCWP Registration Plate Number of each pedicab that requires inspection. **Note:** Each pedicab you list must have a unique and permanently affixed PID. **Do not list any pedicabs on this form that were not listed on the ROSTER OF PEDICABS originally submitted to DCWP.**

DCWP will contact you to schedule inspection of your pedicab(s) at a designated location. You must pass the inspection before you can operate the pedicab(s).

Note:

Pedicab Business applicants can apply for no more than 30 pedicabs.

If you bring more than 10 pedicabs for inspection, please arrive with additional staff from your business to help speed processing.

Roster on next page.



**Consumer and
Worker Protection**

Roster of Pedicabs

Pedicab	Pedicab Identifying Number (PID)	DCWP Registration Plate Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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27		
28		
29		
30		

Signature of Contact

Print Contact's Title

Date

DCWP Staff Initials

Date