

医学证明表格—续约申请人

For-Hire Driver 执照的所有续约申请人必须在体检后，请执业医师填写完成此表格。不接受其他表格。

体检时间： 体检日期不能比 TLC 续约申请的提交日期早 90 天 以上。

如何提交此表格： 您必须将此填写完成的表格附在 TLC 在线申请中提交给 TLC。如果您已经提交了在线申请，您可以将此表格发送到 renewdrivermr@tlc.nyc.gov 或邮寄到：
NYC TLC Licensing and Standards Division, Attention: Driver Renewals
31-00 47th Avenue, 3rd Floor Long Island City, NY 11101

提交此表格时间： 如果您在执照到期前未将此表格提交给 TLC，您的执照续约将被拒绝。

如果您有任何疑问，请致电 718-391-5501 或访问 TLC 的网站：www.nyc.gov/tlc

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

