



## NEW APPLICATION FOR A PARATRANSIT BASE LICENSE

Please visit [www.nyc.gov/tlcselfscheduling](http://www.nyc.gov/tlcselfscheduling) to schedule an appointment to submit your completed application, required documentation and fees via appointment. Please visit our website for more information at: [www.nyc.gov/tlc](http://www.nyc.gov/tlc).

<b>Business Type (Please check one)</b>			
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>

<b>Application Type (Please check one)</b>	
New Application	<input type="checkbox"/>
Renewal Application	<input type="checkbox"/>

<b>License #:</b> <input style="width: 100%;" type="text"/>
<small>(Please enter your current license #. If this application is for NEW base please leave blank)</small>

### I. BACKGROUND INFORMATION ON PARATRANSIT BASE

(All fields in this section must be filled-out completely for your application to be processed)

Business Name:	<input style="width: 100%;" type="text"/>		
D/B/A:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
City:	State:	Zip Code:	<input style="width: 100%;" type="text"/>
E-Mail: (required)	<input style="width: 100%;" type="text"/>		
Website Address (required):	<input style="width: 100%;" type="text"/>		
Telephone #:	<input style="width: 100%;" type="text"/>	EIN #: <input type="checkbox"/>	or SSN#: <input type="checkbox"/> <input style="width: 100%;" type="text"/>
24-Hour Phone #:	<input style="width: 100%;" type="text"/>	<small><b>Proof of EIN / Social Security No.</b> – If a <u>corporation or partnership</u>, you must submit an IRS issued 145-C letter/notice. If a <u>sole proprietor</u>, you must submit proof of social security number.</small>	

<b>HOW WILL THE VEHICLES BE DISPATCHED:</b>	
FCC Lic. #: <small>Or provide details of alternative form of communication</small>	<input style="width: 100%;" type="text"/>
NUMBER OF VEHICLES TO BE / ARE DISPATCHED: _____	

**III. LISTING OF ALL OWNERS, OFFICERS, PARTNERS, MANAGERS AND STOCKHOLDERS** – this page can be photocopied if needed for additional officers

Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

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Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

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Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
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Last Name:  First Name:

Address:

City:  State:  Zip Code:

# of shares:  DMV license #:  DMV license State:  Title:

Date of Birth:  EIN/SSN#:   
Month Day Year

Individual E-mail address:  Phone #:

**III. CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

**WORKERS' COMPENSATION LAW**

Paratransit bases are required to maintain Workers' Compensation Insurance Coverage. A Certificate must be submitted to the NYC Taxi and Limousine Commission.

You are therefore required to submit with your Paratransit base application a Workers' Compensation Certificate of Insurance issued by the New York State Insurance Fund or a Certificate of Exemption issued by State of New York Workers' Compensation Board.

You must submit the original Certificate. The certificate or exemption must be current, and it must be on the form issued by the State Insurance Fund or Workers' Compensation Board. The Certificate **MUST** name the "NYC Taxi and Limousine Commission" as the certificate holder. Finally, the name and address on the certificate **MUST** match **EXACTLY** with the name and address on your license application.

Please provide the following information with respect to your Workers' Compensation insurance:

Name of Insurer:

Policy number:

Effective Dates: From  to   
Month Day Year                      Month Day Year

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Title: \_\_\_\_\_

**IV. BACKGROUND QUESTIONNAIRE**

PLEASE NOTE – ALL OFFICERS MUST FILL OUT THIS FORM.

Any individual that holds 10% or more of the shares OR a title as President, Vice President, Secretary, Treasurer or Member must completely fill-out this page. Please make additional copies of this page if necessary.

All questionnaires must be COMPLETED & SUBMITTED with your application.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Title: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

**Character/History of Principals**

**Have you ever:**

A) been convicted of any crime anywhere, other than a traffic violation? YES  NO

B) had any type of license suspended or revoked? YES  NO

C) had any TLC license with your name under any other individual, partners, corporations, officers, principle and/or stockholders? YES  NO

**If you answered "YES" to any of the preceding questions you must provide a signed statement (below or on a separate document) giving pertinent documentation such as names, dates, license numbers, certificate of deposition, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. AFFIRMATION TO OPERATE PARATRANSIT BASE STATION**

PLEASE NOTE – ONE (1) OFFICER/PARTNER/OWNER MUST FILL OUT THIS AFFIRMATION ON BEHALF OF THE OWNER(S)

This must be – COMPLETED & SUBMITTED – with your application.

1. I have submitted this affirmation at the request of the New York City Taxi & Limousine Commission (TLC).
  
2. I am currently an officer/partner/owner for \_\_\_\_\_,  
(Name of Base)  
and submit this affirmation in that capacity. This base is an entity that functions as a Paratransit Service Base as defined in Chapter 60 of the NYC Taxi and Limousine Commission's Rules and Regulations.
  
3. A minimum of one (1) Paratransit vehicle will be affiliated with this company and will be either dispatched from or conveyed information by this facility.
  
4. I understand that no vehicles will be dispatched from said Base until a valid TLC license is issued.
  
5. All vehicles and drivers dispatched from said Base will be in conformance with all applicable laws of New York City, New York State and the NYC Taxi and Limousine Commission.
  
6. I recognize that the maintenance of the insurance coverage required by the rules of the TLC is a condition of this base's license and agree that the Base will maintain such coverage at all times.
  
7. I am aware that if granted, my use and retention of the Base License is contingent upon the Base's full and consistent satisfaction of all the requirements of the NYC Taxi and Limousine Commission Rules and Regulations.

"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."

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Title: \_\_\_\_\_