

Please review the TLC new vehicle license application requirements carefully before submitting your application to determine the requirements needed to license your vehicle with the TLC. Please visit the TLC website for more information at: www.nyc.gov/tlc.

Please Select Application Type:	TLC License number:											
☐ WHEELCHAIR ACCESSIBLE VEHICLE (WAV)												
☐ LEASE TO OWN AGREEMENT (LTO)	TLC H Record number:											
APPLICANT INFORMATION												
Name												
D/B/A												
Mailing Address												
City State Zip EIN# or SS#												
Cell phone # Other Telephone #												
Email Address (Required)												
Residence Address (No P.O. Boxes)												
City State Zip												
Business Type (please check one) Sole Proprietorship Partnership Corporation												
VEHICLE INFORMATION												
VEHICLE ID#: SEATING CAPA	ACITY:											
PLATE #: YEAR: M	AKE:											
ARE THE PLATES LISTED ABOVE CURRENTLY ON THE VEHICLE?												
S THIS VEHICLE WHEELCHAIR ACCESSIBLE? YES: NO:												
HAS THIS VEHICLE BEEN STRETCHED? YES: NO:												
F YES, PROVIDE THE NAME OF THE COACH BUILDER:												

Note: If vehicle has a NYS DOT operating authority (MC 300), a Visual Inspection is required, no fee needed.



BASE AFFILIATION INFORMATION									
ALL vehicles licensed by the Taxi and Limousine Commission must be current and affiliated with	th a licensed Base in o	order to operate. These							
vehicles can only be operated by drivers with valid TLC licenses who are permitted to opera	ate that type of vehic	le. You must submit an							
affirmation form completed by a base representative. See Affirmation Form on page 4.									
BASE / AUTHORITY NAME:									
BASE LICENSE #									
FOR-HIRE VEHICLES									
	YES	NO							
1) Does the vehicle have LESS than 500 miles recorded on the odometer?									
If you answered NO to question 1, an inspection fee of seventy-five (\$75.00) dollars is required	l. The								
mileage will be verified on the day of inspection.									
2) Is the vehicle higher than seven (7) feet?									
3) Does this vehicle weigh over 8,500lbs?									
f you answered YES to ANY of the above questions, you will be scheduled for a Visual Inspection at one of the day of your inspection you will be required to show proof of a Passed DMV inspection within the last icensed NYS DMV inspection facility).	•	•							
BACKGROUND QUESTIONNAIRE									
f you answer "YES" to any of the four questions below, you must provide a signed statement (bertinent documentation such as names, dates, permit numbers, certificate of disposition etc.	pelow or on a separate	e document) giving							
HAVE YOU OR ANY OFFICER OF THIS COMPANY EVER:	YES	NO							
A) Had any type of license suspended or revoked?									
B) Had any NYC TLC permit with your name under any other individual, partners, corpor officers, principals, and / or stockholders?	rations,								
C) Applied for and/or received any type of Street Hail Livery permit granted by the NYC Taxi & Limousine Commission?									



LIST ALL OWNERS, PARTNERS, OFFICERS AND STOCKHOLDERS (Use additional page if necessary)

NOTE: This page does not replace a filing receipt for a Corporation or a member breakdown for an LLC.

	Business Type (please check one):	Sole Proprie	torship Partnership	Corporation
NAME				For Corporation or Partnership.
MAILIN	NG ADDRESS:			please check if you are:
CITY:		STATE:	ZIP:	President Vice President
TELEP	HONE #: ()	—	# OF SHARES:	_ Secretary Treasurer
SS #: _		DRIVER LICENSE	#:	Shareholder
NAME:				- For Community on Double with
MAILIN	IG ADDRESS:			For Corporation or Partnership, please check if you are:
CITY:		STATE:	ZIP:	President Vice President
TELEPI	HONE #: ()		# OF SHARES:	Secretary Treasurer
SS #:		DRIVER LICENSE	#:	Shareholder
NAME:				For Corporation or Partnership,
MAILIN	G ADDRESS:			please check if you are:
CITY: -		STATE:	ZIP:	President Vice President
TELEPH	IONE #: ()		# OF SHARES:	Secretary Treasurer
SS #: _		DRIVER LICENSE	#:	Shareholder
NAME:				For Corporation or Partnership.
	G ADDRESS:			For Corporation or Partnership, please check if you are:
MAILIN				1
MAILIN	G ADDRESS:	STATE:	ZIP:	please check if you are:
MAILIN CITY: _ TELEPH	G ADDRESS:	STATE:	ZIP:	please check if you are: President Vice President
MAILIN CITY: _ TELEPH	G ADDRESS:	STATE: DRIVER LICENSE :	ZIP:	please check if you are: President Vice President Secretary Treasurer
MAILIN CITY: _ TELEPH SS #: _	G ADDRESS:	STATE: DRIVER LICENSE :	ZIP: # OF SHARES: #: or Change of Officers use only	please check if you are: President Vice President Secretary Treasurer
MAILIN CITY: _ TELEPH SS #: _	G ADDRESS:	STATE: DRIVER LICENSE :	ZIP: # OF SHARES: #: or Change of Officers use only	please check if you are: President Vice President Secretary Treasurer Shareholder
MAILIN CITY: _ TELEPH SS #: _	ial meeting, stockholders of	STATE: DRIVER LICENSE :	ZIP: # OF SHARES: #: or Change of Officers use only	please check if you are: President Vice President Secretary Treasurer Shareholder nominated and duly elected by unanimous vote
MAILIN CITY: _ TELEPH SS #: _	ial meeting, stockholders of Secretary (Print)	STATE: DRIVER LICENSE : For Election o Company N	ZIP: # OF SHARES: #: #r Change of Officers use only Name Secretary (Signature)	please check if you are: President Vice President Secretary Treasurer Shareholder nominated and duly elected by unanimous vote Date
MAILIN CITY: _ TELEPH SS #: _ At a spec the office	ial meeting, stockholders of Secretary (Print) By initialing this box, I am affirming there is an existing and current vehicle licen	STATE: DRIVER LICENSE : For Election o Company N that I am the same person se issued by the TLC and	ZIP: # OF SHARES: #: #r Change of Officers use only Name Secretary (Signature) In who signed the affirmation statement that there have been no changes to the	please check if you are: President Vice President Secretary Treasurer Shareholder Date t below, that I have read and reviewed this application as Business Entity structure for that current & existing
MAILIN CITY: _ TELEPH SS #: _ At a spec the office	ial meeting, stockholders of	DRIVER LICENSE : For Election o Company N that I am the same person se issued by the TLC and copies of a principals DM'	#: # OF SHARES: #: #: # OF SHARES: #: # OF SHARES: #: # OF SHARES: #: # OF Change of Officers use only Name Secretary (Signature) In who signed the affirmation statement that there have been no changes to the V license are therefore not needed for the signal of the	please check if you are: President Vice President Secretary Treasurer Shareholder Date t below, that I have read and reviewed this application e Business Entity structure for that current & existing this transaction.
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Base Affirmation Form

To process an application, a signed affirmation must be submitted for each required entity.

Signatures must be original and signed by hand. No copied or stamped signatures.

The Base affirmation form is used to confirm that the Base is allowing the vehicle owner to affiliate to their Base.

I,, hereby affirm, under penalty of law, that I am an owner / officer																	
Base Owner / Partner / Corporate Officer																	
/ partner / principal of; and																	
Base Name																	
I understand that by signing this base affirmation form, I grant permission for the below vehicle identification number to affiliate to this base.																	
vehicle identification numb	er																
Base Owner																	
	Print Name				-	Signature							Date				
I,																	
Individual Vehicle Owner / Par					, here	eby a	ttirm	ı, unc	der p	enait	y of	iaw, t	:nat i	am a	in ow	ner /	officer
/ partner / principal of; and Partnership / Corporate Name																	
I understand that by signing this be to above base.	ase affirma	ation 1	form, I g	grant	perm	issior	n for	the a	above	e veh	icle i	identi	ficat	ion n	umbe	er to a	affiliate
Applicant Name	Print N				_			Signat	uro			_			Date		
	FIIILN	iaiile					3	ngildl	ure						Date	=	