

**Accessible Vehicle Dispatcher Application**

Submit complete applications to [fhvaccessibility@tlc.nyc.gov](mailto:fhvaccessibility@tlc.nyc.gov) with "ACCESSIBLE VEHICLE DISPATCHER APPLICATION" in the subject line.

Applications must be submitted by **December 13, 2018**.

**Application checklist**

Item	Description	Complete?
<b>Projected WAV Counts</b>	WAVs that the applicant will be able to dispatch in January, 2019 (the deadline for bases to join this exception), and projected WAV counts for future points in time.	
<b>Marketing plan</b>	Short (1-2 page) overview of how applicant will market their WAV services to potential passengers. Include sample collateral if relevant.	
<b>Evidence of associated bases</b>	Attestation of a signed agreement between the applicant and each associated base that currently intends to use your WAV Dispatch services. You must have <b>at least 10 associated bases</b> owned by entities other than owner(s) of the applicant Base that intend to associate with the applicant.	
<b>Contact Information</b>	How additional interested bases can contact the applicant regarding WAV Dispatch services following the applicant's approval by the TLC.	

For more information, visit [www.nyc.gov/tlc/accessibility](http://www.nyc.gov/tlc/accessibility).

### Current and Projected WAV Counts

*For the following three questions, please provide your best current estimate of how many WAVs you will be able to dispatch to, based on your associated bases and existing relationships with other bases. This estimate should also account for any additional WAVs the applicant expects these bases will add to their fleets in the coming months.*

The number of WAVs the applicant will be able to dispatch as of January, 2019 (including both WAVs already on the road and WAVs expected to be licensed between now and January, 2019): \_\_\_\_\_.

The number of WAVs the applicant will be able to dispatch as of April, 2019 (including both WAVs already on the road and WAVs expected to be licensed): \_\_\_\_\_.

The number of WAVs the applicant will be able to dispatch as of July, 2019 (including both WAVs already on the road and WAVs expected to be licensed): \_\_\_\_\_.

*\*Note: the Accessible Vehicle Dispatcher must only send trips to vehicles that have passed the TLC inspection process as a WAV and have an appropriate modifier letter on file with the TLC. Vehicles completing trips that do not meet these qualifications will be called in for additional inspection at the TLC Safety & Emissions facility.\**

**Attestation of Associated Bases**

The Accessible Vehicle Dispatcher must enter into agreements with at least 10 Associated Bases outlining, at a minimum, the frequency and amount of any payments Participating Bases must make to the Accessible Vehicle Dispatcher and the conditions under which the Dispatcher may terminate the agreement.

By signing below, the Associated Base acknowledges that they have entered into such agreement, and that they understand the additional trip reporting requirements incumbent upon choosing this exception to Rule 59B-17. The Associated Base also acknowledges that they have an up-to-date fee schedule or rate book on file with the TLC. The signatory for the Associated Base must be listed as Principle affiliated with the base in the TLC record.

Please list the name and license number of each Associated Base, the date on which the Base's agreement with applicant began or will begin, and the name and signature of an officer from each Base. Copy the following page as needed.

Base Name: \_\_\_\_\_

Base License Number: \_\_\_\_\_

Effective Date of Agreement: \_\_\_\_\_

Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_

Base License Number: \_\_\_\_\_

Effective Date of Agreement: \_\_\_\_\_

Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_

Base License Number: \_\_\_\_\_

Effective Date of Agreement: \_\_\_\_\_

Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
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Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

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Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

Base Name: \_\_\_\_\_  
Base License Number: \_\_\_\_\_  
Effective Date of Agreement: \_\_\_\_\_  
Name/Signature of Base representative \_\_\_\_\_

**Accessible Vehicle Dispatcher Contact Information**

*As a condition of approval to be an Accessible Vehicle Dispatcher under the exception to TLC Rule 59B-17, the Dispatcher agrees to respond to requests from other bases interested in partnering with the Dispatcher. The Dispatcher agrees to be listed on the TLC website with the contact information below.*

**Primary Contact:**

**Phone:**

**Email:**

**Backup Contact:**

**Phone:**

**Email:**

**Preferred method of contact (check one or both):**

**Phone**

**Email**