

# Commercial Bicyclist Safety



This poster must be displayed where delivery cyclists will easily see it.

Sections § 10-157 and § 10-157.1 of the New York City Administrative Code regulate businesses using a bicycle for commercial purposes. The responsibilities listed below are imposed by law. Failure to comply with these requirements may subject violators to legal sanctions.

Commercial bicyclists must obey all traffic laws and rules. These laws include, but are not limited to, the following requirements:



Yield to pedestrians



Stay off the sidewalk



Do not wear more than one earphone while riding



Ride in the direction of traffic



Stop at all red lights and stop signs



Use a white headlight and red taillight at night

Commercial bicyclists must:



Wear **retroreflective** upper body apparel with the business' name and bicyclist's 3-digit ID number on the back in lettering at least 1 inch high.



Wear a bicycle helmet in good condition.

Carry a business ID card at all times when riding on behalf of the business, which includes the information below:



- Business name, address and phone number
- Bicyclist's name, photo and 3-digit ID number

**Business owners must provide the above items.**

**Business owners who employ commercial bicyclists must:**

Equip commercial bicycles with the following, in addition to the items required above:

- A bell or other audible device
- White headlight and red taillight
- Reflex reflectors
- Brakes
- Metal or plastic sign in good condition at least 3 inches by 5 inches with the business' name and a unique bicycle ID number for each bicycle in lettering at least 1 inch high. The sign must be affixed to the rear or both sides of the bicycle.



Make available at the site a roster to include each cyclist's:

- Name, residence address, date of employment and, where applicable, date of discharge from employment
- Unique 3-digit ID number
- Confirmation of cyclist's completed review of DOT Commercial Cyclist Safety Course

CYCLIST ROSTER	
Name:	J Delivery
3-digit ID Number:	123
Home Address:	23-19 Main Street
Date of Employment:	08/5/12
Date of Discharge:	
	<input checked="" type="checkbox"/> Safety Course Complete
Name:	
3-digit ID Number:	
Home Address:	
Date of Employment:	
Date of Discharge:	
<input type="checkbox"/> Safety Course Complete	