

RENTAL PROGRAM

RENTAL COMPANY INITIAL ENROLLMENT APPLICATION

Mail to: NYC Department of Finance, Rental Program, 59 Maiden Lane, 20th Floor, New York, NY 10038

Use this application to enroll your company in the Rental Program. Upon receipt of this application, we will send you a bill listing your summonses. You will then have 30 days from the date of the bill to resolve the summonses by taking one of the following steps:

- (1) Paying all summonses that you choose not to contest
- (2) Scheduling and completing hearings for summonses you choose to contest and paying those for which you are found guilty
- (3) Enrolling in payment plans for judgment debt and addressing non-judgment debt as described in (1) or (2) above

To be eligible for the Rental Program, all of your judgment debt must be either enrolled in payment plans or have no outstanding amount due, and all of your non-judgment debt must have no outstanding amount due.

Please provide the following with this application:

- Registration fee
- Plate list
- A blank rental agreement, including the start and end dates and times of the rental period
- Copy of state corporation filing receipt
- Copy of state DMV registration (for non-New York vehicle plates)
- Corporate bylaws, certificate of incorporation, and related documents (for corporations only)
- Operating Agreement and Articles of Organization (for LLCs only)

If you have questions or need assistance, please contact the Fleet/Rental Unit at 212-291-2578.

SECTION I - ENROLLMENT CONTACT INFORMATION

1. Lessor's Name:

2. Business Type: Check one of the boxes below and write in the SSN and/or EIN as indicated.

a. ☐ Sole Proprietorship

Social Security Number:

b. Partnership

Social Security Number:

and

Employer Identification Number:

c.  Corporation

Employer Identification Number:

3. Business Address:

City:

State:

Zip Code:

4. Contact Name:

5. Telephone Number:

6. E-mail Address:	
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7. Bank Name:

8. Bank Address:

City:

State:

Zip Code:

SECTION II: BROKER INFORMATION (If applicable. All fields must be completed.)

1. BROKER COMPANY NAME: _____

2. BROKER CONTACT NAME: _____

3. BROKER TELEPHONE NO: _____

4. BUSINESS ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

5. BROKER EMAIL ADDRESS: _____

SECTION III - CORPORATE CERTIFICATION

The undersigned affirms that the lessor is in the business of renting and/or leasing vehicles and that all of the vehicles that will be enrolled in the Car Rental Program will be used for rental or leasing purposes.

Print Name of Corporate Officer_____
Title_____
Corporate Officer's Signature_____
Date**SECTION IV - VEHICLE PLATE INFORMATION**

Enter the vehicle plate number, state, and plate type for each vehicle. Enter Ø for zero. Please complete this section before Section V.

	PLATE NUMBER	STATE	PLATE TYPE	ADDITION EFFECTIVE DATE (FORMAT MMDDYYYY)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

SECTION V - FEE INFORMATION1. Enter number of **Plates** enrolled: _____2. Enter total enrolled **Months** (Effective Date column in Section IV above): _____3. Multiply **Plates X Months** (multiply total on Line 1 by total on Line 2): _____

4. Amount Enclosed (should equal total on line 3): \$ _____

5. Check Number: _____