

NEW FITNESS RULES NOTICE

PLEASE READ CAREFULLY BEFORE YOU HAND IN YOUR APPLICATION

Recently the TLC made some Rule changes to the license application process. The new Rules include a one (1) and three (3) year application **ban** depending on an applicant's TLC and DMV history.

Please note that if TLC staff either could not or failed to determine that an application should be rejected when submitted, and the application is accepted, the license application fees will not be refunded.

An applicant **should not** submit an application if the applicant's TLC or DMV history matches the descriptions listed below.

One (1) Year Ban - (if during the previous year)

- * More than three (3) traffic accidents within a single year. The one (1) year ban will be counted from the date of the last accident.
- * The traffic infraction of unlicensed operation of a motor vehicle.
- * **Prior Application Denied.** The Chairperson will deny an Application that is submitted within one year after the submission of a prior Application, if the previous Application was denied because the Applicant was found not Fit to Hold a License. The one -year ban will be counted from the date the prior Application was submitted to the Commission.
- * **Illegal Use of Drugs-** determined by a positive result on a drug test required by the TLC and where the drug test result was unchallenged or unsuccessfully challenged. The one (1) year ban will start from the date of the failed drug test.

Three (3) Year Ban - (If during the previous three years)

- * Any act, as prohibited by TLC Rules, of driving a TLC licensed vehicle while impaired by intoxicating liquor (regardless of its **alcoholic** content) or drugs.
- * Any act, as prohibited by TLC Rules, of bribery, fraud, material misrepresentation, theft, threat against a person, harassment, abuse, or use of physical force.
- * Any act, as prohibited by TLC Rules, involving possession of a weapon in a vehicle licensed by TLC.
- * **Revocation of a prior License.** *If while license revocation charges were pending, a prior license expired or was surrendered to the Chairperson.*
- * **Surrender while license revocation charges were pending.** Special consideration for Critical Driver Program and Persistent Violator Program Revocations. After a minimum of one (1) year from the date the Critical Driver or Persistent Violator summons is issued, an Applicant may request a waiver of the three-year ban from the Chairperson. This request can only be made if the Applicant's driving record reflects no more than three points for violations that occurred during the three year period preceding the date of the request for the waiver.
- * **License expiration while license revocation charges were pending.** If a prior license expired while license revocation charges were pending, the three (3) year ban will start from the date the license expired.

An Application Can Also Be Denied for the Following Reasons:

- * Mistake or Omission in the application. If the application includes any material mistake or omission, or if the applicant fails to inform the Chairperson of any material change in the application.
- * Critical Driver Program: If you have accumulated 6 or more points within 15 months prior to and including your most recent DMV point conviction, you would, if licensed, be subject to license suspension or revocation under the Critical Driver Program; therefore, your application will be denied.
- * Pendency of Criminal Charges. The Chairperson will defer consideration of an application if the applicant has criminal charges pending. If the charges are not resolved within 90 days after the submission of the application, the application will be denied.

"I hereby affirm, under penalty of law, that I have examined and reviewed the information in the submitted form(s) or application(s), checklist(s), instruction guide(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."

→ PRINT NAME: _____ → SIGN NAME: _____ → DATE: ____/____/____

APPLICATION FOR A TLC DRIVER LICENSE

1. DRIVER DETAILS

Motorist ID-
Licensing State: ☐ NY ☐ Other _____

Driver License #

2. License Type you are applying for: *Please check one (1)*

☐ Medallion
(Yellow and Green Taxicab)

☐ Paratransit

☐ Commuter Van

☐ For-Hire Vehicle
(Livery by Dispatch Only)

3. APPLICANT INFORMATION

(All fields must be filled out completely for your application to be processed)

Last Name:

First Name:

Middle Name:

Mailing Address:

Street:

Apt. #:

City:

State:

Zip Code:

Date of Birth:

(i.e. 06051988 - for June 5, 1988)

Social Security #:

Cell phone #:

Other Telephone #:

Email address:

Residence if different from mailing address:

Address:

Street:

Apt. #:

City:

State:

Zip Code:

4. IDENTIFICATION INFORMATION *(All questions must be answered)*Sex: ☐ Male ☐ FemaleHair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ OtherEye Color: ☐ Blue ☐ Brown ☐ Black ☐ Green ☐ Other

Height: _____(feet)_____(inches) Weight: _____(lbs) Place of Birth: (Country) _____

5. LANGUAGE INFORMATION *(This question is optional – you do not have to answer this question)*

What is the first language you speak at home?

☐ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Korean

☐ Arabic ☐ Russian ☐ Urdu ☐ Hindi ☐ Other: _____
(please specify)

6. NYPD, Active Military and Veterans ONLY

Are you a(n) :

☐ Active NYPD Officer ☐ Active Duty Armed Services Member ☐ Veteran ☐ Does not apply

7. QUESTIONNAIRE *(All questions must be answered)*

Have you ever:

1. (a) applied for any NYC TLC license before?

☐ Yes ☐ No

(b) received any NYC TLC license before?

☐ Yes ☐ No

2. been convicted of a crime (any misdemeanor or felony)?

You should answer YES if you were convicted of a misdemeanor or felony, even if you were sentenced to community service or you were put on probation.

You should answer NO if your only misdemeanor or felony convictions were as a youthful offender, juvenile delinquent or person in need of supervision. (See note below)

☐ Yes ☐ No

3. been convicted of driving while ability impaired by alcohol or drugs, driving while intoxicated, or driving while under the influence of alcohol or drugs?

☐ Yes ☐ No

PLEASE NOTE: A conviction does not necessarily mean you will not get a license. Factors such as the nature of the offense, the amount of time that has passed since the conviction and your age at the time of the conviction will be considered (see Article 23-A of the New York State Corrections Law). However, your license may be denied if you fail to disclose a conviction in response to the above questions. If you answered YES to questions 2 or 3, you must provide appropriate documentation including any final dispositions.

DECLARATION OF APPLICANT

Under penalties of perjury, I _____, declare that I have examined this application, and accompanying Medical form,
(please print name)

if applicable, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is missing or has incorrect information, or if my past TLC or DMV record makes me ineligible under the one, two, or three-year TLC Rule Application time bans, my application will be rejected and that any fees I paid will not be refunded. If or when I become eligible, I can re-apply with a corrected application including the required application fees. I also know that under the law, all license applications are public records and may be disclosed, including this application, the photo taken of me by TLC and all other documents and information filed with it; and I understand and agree that the New York City Taxi & Limousine Commission may verify any documents and information I provide, including verification of my social security number by the Social Security Administration, and Child Support case status if applicable in connection with this application, and that I must follow and obey all rules and regulations of the New York City Taxi and Limousine Commission. I also declare and affirm that prior to the submission of this application, I viewed the video located on the TLC web site pertaining to the unlawful use of a TLC licensed vehicle for the purposes of promoting prostitution and that I am aware of and understand the penalties should I be convicted of a violation of these laws either under Section 19-505 of the Administrative Code of the City of New York or under Article 230 of the New York State Penal Law. I also understand that if I apply for the Medallion or FHV license, I am required to take the Wheelchair Accessible training within 90 days from submitting my application. I further confirm that I understand that, if I have elected to apply for a For Hire Vehicle Operators License on Page 2 of this application, that I can NOT drive a Street Hail Livery Permit Vehicle.

Applicant's Signature

Date

For-Hire Vehicle Conditional Operators License Form

I, _____, understand and acknowledge that:

1. If my application for a For-Hire Vehicle Operators license is approved, and a license is issued to me as a result of the filing and approval of this application, the license issued to me will be a conditional For-Hire Vehicle Operators license.
2. The For-Hire Vehicle Operators license issued to me is conditioned on my meeting the education requirements for my license. The license will be considered a conditional license until I have taken the required For-Hire Vehicle Operators Education Course and passed the required final exam.
3. Once I have been notified that the course is available for me to take, I will have ninety (90) days to complete the required course and pass the required exam to be able to retain my license. The Education Course is a requirement for licensure that I must meet in order to retain my license as current and valid – even if my license has not yet reached its expiration date.
4. If I fail to take the course and pass the exam by the date set by the Commission, then my license will be cancelled and voided. The license will not be reinstated.
5. If my license is cancelled, I will not be able to reinstate this license. If I still want a license, I will need to file a new application for licensure and complete all requirements for licensure in order to be reissued a For-Hire Vehicle Operators license.
6. If I choose to do so, I have the option of immediately taking and attending the Medallion Operators Training Program in lieu of the For-Hire Vehicle Training Program prior to the latter becoming available to meet the education requirement of my For-Hire Vehicle Operators License. I will receive credit for completing the education requirement for my license once I complete the course and take and pass the final exam.

By signing below I affirm my understanding of all of the above requirements.

Signature

Date

For TLC Use Only

License Application Number:

Operator Initials:

MEDICAL CERTIFICATION FORM - NEW APPLICATION

Medallion and For-Hire Operator license applicants
are required to have this form completed by a Licensed Physician

Medical Exam Requirement

- This form must be completed, signed and stamped by a licensed physician. No other form can be used or will be accepted.
- The date of the examination cannot be more than thirty (30) days prior to the date you submit your application.
- Copies, faxes and/or forms written in pencil and/or which appear to have been altered will NOT be accepted.

This is to certify that I have examined _____
(name of applicant)

the applicant for a NYC Taxi and Limousine Commission TLC Driver's License bearing application

number, _____ on _____, and based on my examination reported herein,
(TLC application number, (date of exam)
if applicable)

it is my opinion that s/he:

☐ is medically fit to safely operate a TLC licensed vehicle.

☐ is not medically fit to safely operate a TLC licensed vehicle.

If not, list disqualifying reasons:

Physician's Last Name, First Name

Physician's Signature

Number & Street (Mailing Address)

Physician's License #

City State Zip Code

State in which Physician is licensed

Phone# () _____ - _____

Official Stamp Required

THIS FORM MUST BE VALIDATED WITH AN OFFICIAL STAMP BY PHYSICIAN.