VEHICLE INFORMATION

Plate # ____________________________
Type of Ownership: (choose one)
VIN # ____________________________  [ ] Sole Proprietorship
State _______ Year/Make ____________  [ ] Partnership
Seating Capacity ______
[ ] Corporation
DMV / DOT Inspection No. ____________  Inspection Expiration Date ____________

BASE STATION OWNER AFFIDAVIT

THIS AFFIDAVIT MUST BE COPIED AND PROPERLY FILLED IN FOR EACH AFFILIATED BASE
A completed copy of this form must be kept on file at the Base Station for no less than one year.

Base Station Name: ____________________________  WCTLC Permit # ____________________________

Base Station Owner / Representative Printed name: ____________________________

Application Date: ______________  Signed: ____________________________

State of New York
County of ____________)ss:

Sworn to before me this ______ day of ____________, 200__,

______________________________
Notary Public Signature

THIS MUST BE NOTARIZED WITHIN 30 DAYS OF DATE OF FILING OF APPLICATION
VEHICLE OWNER AFFIDAVIT

Have you ever been convicted of a crime, or do you have any criminal charges currently pending?  [ ] Yes  [ ] No
(Including but not limited to: misdemeanors, felonies, and conditional discharges.) If you answered yes, you must provide date of conviction, police agency, charge, disposition, court date and any other pertinent information.

Have you ever had a vehicle registration or any license or permit to drive a motor vehicle suspended or revoked (Including, but not limited to, suspensions for parking tickets or insurance lapses.) If you answered yes, you must, provide date, charge, disposition, and any other pertinent information.  [ ] Yes  [ ] No

I hereby affirm under penalty of perjury, that I have examined this application, 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, my application will be rejected and that any fees I paid will not be refunded. If I want, 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 and all other documents and information filed with it; and I understand and agree that the Westchester County 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. Applicant further understands that, pursuant to §210.45 of the NYS Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein. Notarized signature dated not more than 30 days from application submission.

Application Date: ___________________________        Signed: ____________________________________________

State of New York  )
County of ____________)ss:                                       Sworn to before me this _______ day of ____________, 20__.  

                                                                ________________________________________
Notary Public Signature

INTERPRETER INFORMATION

Any individual who is assisting the applicant in completing this application MUST complete this section.
If you are helping the applicant complete this application, you are responsible for reading and interpreting the application, in its entirety, to the applicant. If you do not understand anything on the application, you are responsible for calling the Taxi & Limousine Commission at the phone number listed on the front of this application for clarification. The interpreter must sign and print name, as well as give address and daytime (9AM-5PM) phone number below. Illegible entries will not be accepted.

Name ________________________________        Print Name of Interpreter
Phone # ________________________________        Home Address ________________________________
Dated: ________________________________        Street Apt/Unit # ________________________________

Signed: __________________________________________
Interpreter’s Signature

VEHICLE APPLICATION PROCEDURES

INSTRUCTIONS / DOCUMENTS REQUIRED

Complete Application Form
Applications will not be accepted if they are not completely filled out and notarized.  Do not bring application to the WCTLC for notarization.

Vehicle Inspection
All vehicles must present a vehicle inspection receipt from either a NY State DMV vehicle inspection (or equivalent) or DOT inspection certificate (10 or more passenger capacity vehicle)

Proof of Ownership
Supply a photocopy of your current valid Department of Motor Vehicles Vehicle Registration.  All unregistered vehicle applications must be accompanied by original “bill of sale” or vehicle “title.”

Driver license
Supply a photocopy of your driver’s license.

Insurance Forms
Supply a photocopy of your FH-1 and “Accord Certificate” of liability insurance.  WCTLC MUST BE NAMED AS “CERTIFICATE HOLDER.”

Fees:
Application  $300 for In-County Vehicles (Westchester based) or $275 for Out-of-County Vehicles (non-Westchester based).  Money order, business check, or credit cards are acceptable forms of payment.  There is a small service fee for credit card.

$90 Fingerprint Fee for First-Time Applicant Only
The CRIMINAL BACKGROUND CHECK FORM (found on web-site) must accompany application.  All individuals owning 10% or more of vehicle (when registered under company/corporate name) must be fingerprinted.  Web address tlc.westchestergov.com

Outstanding fine
All outstanding fees and/or fines must be paid before submitting your application.

Transfer/Replace
Transfer a license plate to a different vehicle - $75.00 / Replacement fee $75.00

THIS FORM MUST BE COPIED AND PROPERLY FILLED IN FOR EACH AFFILIATED BASE
ALL APPLICATION FEES & MATERIALS ARE NON-REFUNDABLE, NON-RETURNABLE.
Supplying false information on this document may result in criminal charges being filed, additional fees, fines, and/or denial of your application.