



**WESTCHESTER COUNTY TAXI & LIMOUSINE COMMISSION**  
 Department of Public Safety • 112 East Post Road • White Plains, New York 10601 • (914) 995-8400

**MEDICAL PROVIDER WAIVER APPLICATION**

OFFICE HOURS: 9AM – 1PM MONDAY thru FRIDAY

**RENEW BY MAIL**

[tlc.westchestergov.com](http://tlc.westchestergov.com)

[ ] New      [ ] Renewal      [ ] Replacement      [ ] Transfer

OFFICE USE ONLY		
Date Rec:	DP #	Deposit #
Applicant Fee \$	MO   CK   CC	
Fingerprint Fee \$	REC'D BY:	

**OWNER INFORMATION**

Name of Vehicle Owner \_\_\_\_\_  
 Give full name as it appears on the Title / Registration / Lease Agreement

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month                      Day                      Year

Federal ID Number (*Business Entities Only*) \_\_\_\_\_

Owner Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: (H) (\_\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_\_) \_\_\_\_\_

**Did your company provide medical transportation during the previous tax year ?    [ ] Yes [ ] No**  
*If you provided medical transportation service last year then you must supply copies of IRS form 1099 as instructed on page four Of the instructions.*

If vehicle is owned by one individual, check appropriate box below and complete this form. If 2 or more owners, a partnership, or a corporation, check appropriate box and have each owner or partner and anyone owning more than 10% of stock in the corporation complete a separate owner portion of this form

Plate # \_\_\_\_\_ State \_\_\_\_\_ **Type of Ownership: (choose one)**

VIN # \_\_\_\_\_ [ ] Sole Proprietorship

Year/Make \_\_\_\_\_ /Color \_\_\_\_\_ [ ] Partnership

Seating Capacity \_\_\_\_\_ [ ] Corporation

NYS / DOT Inspection No. \_\_\_\_\_ Inspection Expiration Date \_\_\_\_\_





AFFIDAVIT

NOTE TO THE MEDICAL PROVIDER APPLICANT

YOU MUST SUBMIT AFFIDAVITS FROM ALL HEALTH AND / OR SOCIAL SERVICE ORGANIZATIONS YOU DO BUSINESS WITH. YOU MAY MAKE PHOTOCOPIES OF THIS FORM AS NECESSARY. THIS FORM MUST BE SIGNED AND NOTARIZED.

(Name of vehicle owner applying for Medical Waiver) has filed an application for a medical provider waiver with the Westchester

County Taxi & Limousine Commission (WCTLIC). The applicant has stated that your organization uses his/her vehicle(s) for transportation services. Please complete this form and return it to the applicant as soon as possible.

- 1. Do you currently use the applicant's vehicle(s) for medical transportation? [ ] Yes [ ] No
2. Does your organization uses the applicant's for any purpose other than medical transportation? If yes, provide details.
3. How long has your organization been doing business with the applicant? \_\_\_ Yrs \_\_\_ Mos
4. Does the applicant charge your company state sales tax for its services? [ ] Yes [ ] No
5. How often does your company use the applicant's vehicle(s)?

Read the following and sign below.

The information listed above is complete and accurate to the best of my knowledge. I understand 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.

I, being duly sworn, state the following: I am the authorized personnel of the organization listed below and I am authorized to sign on behalf of the organization listed below.

Print Name of Organization: Phone # ( ) -

Print Name of Authorized Personnel of the Organization: Title:

Dated: Signature: (Authorized Organization Personnel)

State of New York
County of (( )) ss:

Sworn to before me this \_\_\_ day of \_\_\_, 2\_\_\_,

Notary Public Signature

**MEDICAL PROVIDER VEHICLE APPLICATION PROCEDURES**

**FOR YOUR CONVENIENCE YOU MAY RENEW BY MAIL**

**ALL FEES MUST BE IN THE FORM OF A MONEY ORDER, BUSINESS CHECK, or CREDIT CARD...NO CASH ACCEPTED**

**Applications will not be processed without ALL of the following. Failure to comply with any of the following items will result in DENIAL of your application.**

**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.**

ITEM	INSTRUCTIONS / DOCUMENTS REQUIRED
Eligibility	<b>Medical Provider Van/Vehicle :</b> A medical provider <u>van</u> is a vehicle that is not wheelchair accessible and is capable of carrying 8-14 passengers for the sole purposes of transporting passengers to and from medical appointments. A medical provider <u>vehicle</u> is an automobile carrying 7 or fewer passengers for the sole purpose of transporting passengers to and from medical appointments within Westchester County. Payment for such transportation is made solely through contracts with various health or social service organizations. These organizations include, but are not limited to, Medicaid, NYS Department of Social Services, or schools/programs for the disabled.
Complete Application / Affidavit(s)	Applications will <b>not</b> be accepted if they are not completely filled out and <b>Notarized.</b> <b><u>Must supply original letter of authorization from the DOH.</u></b>
Vehicle Registration Proof of Ownership	Supply your New York State Department of Motor Vehicles Vehicle Registration, or "proof of ownership" (e.g. Title, Bill of Sale," etc.) for vehicles not previously registered with the State DMV.
Driver license	Supply a photocopy of your driver's license.
Proof of Insurance	Supply a photocopy of your <u>FH-1</u> and " <u>Acord</u> " Certificate of Liability Insurance. <b>WCTL MUST BE NAMED AS "CERTIFICATE HOLDER" along with correct WCTL address.</b>
Application Fee: <b>\$100.00</b>	Supply a <b>money order or business check</b> payable to " <b>WCTL.</b> " For a small service fee, payment by credit card is also accepted at the service window.
Late Fee: <b>\$75.00</b>	Late renewal applications are required to pay a late fee.
Replacement Fee <b>\$75.00</b>	When replacement of vehicle permit is necessary due to loss or destruction a vehicle application must be filed and a replacement fee paid.
Fingerprinting Fee: <b>\$90.00</b>	First-Time applicants only. The <b>CRIMINAL BACKGROUND FORM</b> must also be completed.
Outstanding fees and/or fines	All outstanding fees and/or fines must be paid before submitting your application.