



**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 orporation 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 \_\_\_\_\_

**NY State Department of Health Contact Information**

List the contact name and address of NY DOH for whom your vehicle provides transportation services.

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**AUTHORIZED PERSONNEL INFORMATION**

If the name, which appears on the DMV registration is that of a business, then this section must be completed and signed by a controlling partner, owner or authorized personnel of the business. By signing this application the person named below attests that he/she is authorized by the business to enter into an agreement on behalf of the business.

Name of Authorized Personnel \_\_\_\_\_  
LAST FIRST MI

Title of Authorized Personnel \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_  
Mo Day Yr

Home Address \_\_\_\_\_ Office Phone Number \_\_\_\_\_  
Street Address City State Zip

The vehicle listed herein performs transportation services for the health and / or social service organization(s) listed herein and works solely as a medical provider vehicle, as defined by §200.01.q of the Westchester County Taxi & Limousine Commission Rules and Regulations. It is understood that operating as a for-hire vehicle after being granted a WCTL Medical Provider Waiver shall result in fines and revocation of said waiver.

In consideration of the granting of the permit hereby applied for, the applicant agrees that service of any paper, notice, letter, summons, complaint or legal process of any kind or nature may be made by the County of Westchester or any department thereof, upon the person to whom the permit is issued by leaving a copy of any such paper, notice, letter, summons, complaint, or legal process with any person located at the address designated in his/her application. It is further agreed by applicant that (s)he will conform to all rules and regulations of the Westchester County Taxi & Limousine Commission governing the type of permit for which this application is submitted. In addition, applicant understands that acceptance of this permit subjects the for-hire vehicle driven by the driver listed herein to welfare and compliance inspections.

**I 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.

Application Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Applicant's Signature

State of New York ) Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
County of \_\_\_\_\_)ss:

\_\_\_\_\_  
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><u>Notarized.</u></b><br><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.<br><b>WCTL MUST BE NAMED AS "CERTIFICATE HOLDER" along with correct WCTL address.</b>  |
|  |  |
| <b>Application Fee:</b><br><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.  |
| <b>Late Fee:</b><br><b>\$75.00</b>           | Late renewal applications are required to pay a late fee.  |
| <b>Replacement Fee</b><br><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.   |
| <b>Fingerprinting Fee:</b><br><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.   |