



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

NEW DRIVER PERMIT APPLICATION

tlc.westchestergov.com

NEW APPLICATIONS MUST BE SUBMITTED BEFORE 11:30AM DAILY

Supplying false information on this document may result in criminal charges being filed.

OFFICE USE ONLY

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

PERSONAL INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name: _____
 LAST FIRST MIDDLE

Date of Birth _____/_____/_____ Motorist ID Number: _____ Social Security Number: _____/_____/_____
 Month Day Year

Mailing Address _____
 Street Apt/ Unit # City State Zip

Telephone Numbers: Home (____) _____ Work (____) _____ Cell (____) _____

Base Station Name _____ Address _____
 Street City State Zip

ITEM	INSTRUCTIONS – REQUIRED DOCUMENTS READ AND FOLLOW CAREFULLY TO AVOID MISTAKES
Two Forms of Identification are required: No Exception	One form of identification MUST be a New York State, Class A, B, C, or E driver license (or equivalent*). The second form of identification must be from the following list: Vehicle Registration – U.S. Passport - Employee ID - School ID - Pay stub (computerized) Utility bill - Permanent Resident Card (Green Card). *Acceptable driver license from; NY, NJ, CT, or PA only.
Social Security Card	A valid unaltered Social Security card must be presented at time of application. When Social Security Card is endorsed "VALID FOR WORK ONLY WITH DHS (INS) AUTHORIZATION" supply original Worker Permit Card or Permanent Resident Card.
Reference Forms	Three (3) fully completed and notarized applicant reference forms (attached) must be included with application. References cannot be related to applicant in any manner (blood or marriage). References must know applicant for more than one (1) year. Notarized references cannot be dated any older than thirty (30) days from date application is submitted.
Fees: Application & Drug Testing - \$135	Credit Card, Money order or business check made payable to "WCTL.C." Credit card has 3.5% service fee.
Fingerprint Fee - \$90	Payable by money order, business check or credit card.
Criminal Background Check	The criminal background check form (attached) must be fully completed and signed.
Fees and Fines Owed	All outstanding fees and fines owed to WCTL.C must be paid before an application will be approved.
Defensive Driving Course	Supply a copy of your Certificate of Completion from a NY State approved defensive driving course showing that you completed the course within 6 months from date of application.
Self-addressed, Stamped Return Envelope	Supply an envelope no larger than 9 ½" x 4". Proper first class postage must be affixed to the envelope. Print your name and address in the center of the envelope. If your application is approved by the WCTL.C this envelope will be used to mail your WCTL.C permit to you.

1. Have you ever been arrested for driving while ability impaired by alcohol or drugs, driving while intoxicated, or driving while under the influence of alcohol or drugs? *If yes, provide date(s) of conviction(s)* [] Yes [] No

2. Have you ever received a conditional discharge from a court of law? *If yes, please explain:* [] Yes [] No

3. Have you ever been convicted of a crime? [] Yes [] No
This includes, but is not limited to, misdemeanors, felonies, and conditional discharges. If yes, you must provide date of conviction, police agency, charge, disposition, court date and any other pertinent information:

4. Do you currently have any criminal charges pending against you? [] Yes [] No
If yes, you must provide police agency, charge, date charge was filed, scheduled court date, and any other pertinent information:

5. Have you been convicted of any traffic infractions? [] Yes [] No
This includes, but is not limited to, misdemeanors, felonies, and conditional discharges. A plea of guilty is the equivalent to a finding of guilty after trial. If yes, you must provide date of conviction, police agency, charge, disposition, court date and any other pertinent information:

6. Do you currently have any traffic infractions pending? *If yes, please provide the details:* [] Yes [] No

7. Has any DMV, Taxi and/or For-Hire permit held by you been denied, suspended or revoked in any jurisdiction? [] Yes [] No
This includes, but is not limited to, Westchester County, New York City, and Nassau County. If yes, you must provide date, agency, charge, disposition, and any other pertinent information:

DRIVER IDENTIFICATION 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 _____ Phone # (9AM – 5PM) _____
Print Name of Interpreter

Home Address _____
Street Apt/Unit # City State Zip

Dated: _____ Signed: _____
Interpreter's Signature

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.

Under penalties of perjury, I declare 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: _____
Applicant's Signature

State of New York
County of _____)ss: Sworn to before this _____ day of _____, 2_____.

Notary Public Signature



APPLICANT REFERENCE FORM

NOTARIZED FORM MUST BE WITHIN THIRTY (30) DAYS OF FILING APPLICATION

NOTICE TO APPLICANT: You must submit three (3) Applicant Reference Forms filled out and signed by three (3) separate individuals who are not related to you in anyway including through marriage. This form must be signed by the character reference and his/her signature must then be notarized.

Supplying false information on this document may result in criminal charges being filed.

_____, has filed an application to operate a for-hire
 (Name of Applicant)
 vehicle /business/municipal car in Westchester County, NY. The applicant has given your name as a reference. Please complete this form and return it to the applicant upon completion.

1. Is the applicant related to you by blood or marriage? [] Yes [] No
 (If Yes, Stop here and return form to the applicant. This form cannot be completed by a relative of the applicant, as described above.)

2. I have known the applicant for _____ years. If less than one (1) year, return form to applicant. This form cannot be completed by anyone who has known the applicant for less than one (1) year.

3. Describe your relationship with the applicant: _____

4. How would you rate the applicant in the following areas? Place a check mark in the appropriate box.

	Very High	High	Average	Below Average	Not Acceptable
Character					
Honesty					
Reliability					

5. To the best of your knowledge, does the applicant use intoxicating beverages or drugs? [] Yes [] No
 IF YES, please describe the extent of use: _____

6. Would you recommend that the Westchester County Taxi and Limousine Commission grant the applicant a permit? [] Yes [] No

7. Please provide any further comment that you feel is relevant on the back of this form.

Print Name of Character Reference: _____

Address of Character Reference : _____ (City) _____ (State) _____

Cell phone _____ **Home Phone** _____ **Business Phone** _____

Dated: _____

Signature of Character Reference: _____

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

Sworn before me this _____ day of _____, 20____.

 Notary Public Signature



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Print Name of Character Reference: _____

Address of Character Reference : _____ (City) _____ (State) _____

Cell phone _____ Home Phone _____ Business Phone _____

Dated: _____ Signature of Character Reference: _____

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

Sworn before me this _____ day of _____, 20____.

 Notary Public Signature

Note: Character References will be contacted by a member of the Westchester County Dept of Public Safety to discuss Applicant's suitability.



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 Service Window Hours Monday through Friday 9:00 am to 1:00 pm
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Print Name of Character Reference: _____

Address of Character Reference : _____ (City) _____ (State) _____

Cell phone _____ Home Phone _____ Business Phone _____

Dated: _____ Signature of Character Reference: _____

State of New York)
 County of _____)) ss: Sworn before me this _____ day of _____, 20____.

 Notary Public Signature



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MONDAY through FRIDAY 9:00 am - 1:00 pm.

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CRIMINAL BACKGROUND CHECK

FIRST TIME APPLICANT ONLY

For the purposes conducting a criminal background check this form MUST be completed.

OFFICE USE ONLY

WCTLC Permit # BS / DP / VP _____

Date: _____

CAPS #: _____

Printed By _____

Name _____
Last First Middle

Home Address

_____ Street City State Zip

Date of Birth: _____ **Driver License No:** _____

Country or State of Birth _____ **Citizenship** _____

City of Birth _____ **Social Security Number** _____

Occupation _____ **Employer Name** _____ **Phone #** _____

Employer Address: _____
Street City State Zip

Height _____ **Weight** _____ **Sex** _____ ***Race** _____ **Hair Color** _____ **Eye Color** _____

***Race:** - Circle one of the following which best describes yourself and write your answer on the appropriate line above: Black / White / Asian / Native American / Not Listed

Applicant Signature: _____