



**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](http://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		
<b>Date Rec:</b>	<b>DP #</b>	<b>Deposit #</b>
<b>Applicant Fee \$</b>	<b>MO CK CC</b>	
<b>Fingerprint Fee \$</b>	<b>REC'D BY:</b>	

PERSONAL INFORMATION <small>(PLEASE TYPE OR PRINT CLEARLY)</small>			
<b>Name:</b> _____			
<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
<b>Date of Birth</b> ____/____/____	<b>Motorist ID Number:</b> _____	<b>Social Security Number:</b> ____/____/____	
Month	Day	Year	
<b>Mailing Address</b> _____			
Street	Apt/ Unit #	City	State    Zip
<b>Telephone Numbers:</b> Home (    ) _____ Work (    ) _____ Cell (    ) _____			
<b>Base Station Name</b> _____ <b>Address</b> _____			
	Street	City	State    Zip

ITEM	INSTRUCTIONS – REQUIRED DOCUMENTS <b>READ AND FOLLOW CAREFULLY TO AVOID MISTAKES</b>
<b>Two Forms of Identification are required: No Exception</b>	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). <b>*Acceptable driver license from; NY, NJ, CT, or PA only.</b>
<b>Social Security Card</b>	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.
<b>Reference Forms</b>	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.
<b>Fees: Application &amp; Drug Testing - \$135</b>	<b>Credit Card, Money order or business check</b> made payable to “WCTL.C.” Credit card has 3.5% service fee.
<b>Fingerprint Fee - \$90</b>	Payable by money order, business check or credit card.
<b>Criminal Background Check</b>	The criminal background check form (attached) must be fully completed and signed.
<b>Fees and Fines Owed</b>	All outstanding fees and fines owed to WCTL.C. <b>must be paid</b> before an application will be approved.
<b>Defensive Driving Course</b>	Supply a copy of your Certificate of Completion from a NY State approved defensive driving course showing that you completed the course <b>within 6 months</b> from date of application.
<b>Self-addressed, Stamped Return Envelope</b>	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

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

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**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:*

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**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:*

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**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:*

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

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**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

**NOTICE: Applicants must submit three (3) Applicant Reference Forms completed by three (3) separate individuals who:**

- A. Are NOT related to you by blood or marriage.
- B. Individuals must know the applicant for more than 12 months in order to qualify as a character reference.
- C. Each character reference's signature must be notarized within thirty (30) days of filing application.
- D. Character references may be contacted by a Westchester County Police Officer for verification.

**Supplying false information on this document may result in the filing of criminal charges.**

### SECTION A. PERMIT APPLICANT'S INFORMATION

PRINT FULL APPLICANT NAME (LAST, FIRST, MI)	DATE OF BIRTH
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The above has filed an application to operate a for-hire vehicle/business/medical/municipal car in Westchester County, NY.  
 The information completed below will be used in the process of evaluating the full candidate's suitability.

### SECTION B. TO BE COMPLETED BY CHARACTER REFERENCE

1. Is the applicant related to you by blood or marriage?.....  Yes  No
2. For how many years have you known the applicant?..... \_\_\_\_\_ Years
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 below.)**

	Very High	High	Average	Below Average	Not Acceptable
Character					
Honesty					
Reliability					

5. To the best of your knowledge, does the applicant use any substances that cause impairment? .....  Yes  No

**If Yes, please note results:**

6. Would you recommend that the Westchester County TLC grant the applicant a permit?.....  Yes  No
7. Please provide any further comment that you feel is relevant on the back of this form. If you do, please check box:

### SECTION C. INFORMATION PERTAINING TO CHARACTER REFERENCE

PRINT FULL NAME (LAST, FIRST, MI)				DATE OF BIRTH	
ADDRESS (INCLUDE STREET, AVE ETC)		APT/SPACE/STE#	CITY	STATE	ZIP
CELL PHONE (        )		HOME PHONE (        )		BUSINESS PHONE (        )	
SIGNATURE OF CHARACTER REFERENCE <b>X</b>				DATE	

### SECTION D. TO BE COMPLETED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document as a character reference.**

State of New York, County of \_\_\_\_\_

The above (Character Reference) sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**SEAL**

\_\_\_\_\_  
 Notary Public Signature

### FOR OFFICE USE ONLY (COMPLETED BY WCPD TLC OFFICER)

Reviewed by: _____	SHIELD#: _____
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Has the character reference been reached?.....  Yes  No

Has the character reference been successfully vetted?.....  Yes  No

Reference Comments:

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**Officer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



APPLICANT REFERENCE FORM

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SECTION B. TO BE COMPLETED BY CHARACTER REFERENCE

- 1. Is the applicant related to you by blood or marriage?
2. For how many years have you known the applicant?
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 below.)

Table with 5 columns: Character, Very High, High, Average, Below Average, Not Acceptable. Rows include Honesty and Reliability.

- 5. To the best of your knowledge, does the applicant use any substances that cause impairment?

If Yes, please note results:

- 6. Would you recommend that the Westchester County TLC grant the applicant a permit?
7. Please provide any further comment that you feel is relevant on the back of this form. If you do, please check box:

SECTION C. INFORMATION PERTAINING TO CHARACTER REFERENCE

PRINT FULL NAME (LAST, FIRST, MI) DATE OF BIRTH
ADDRESS (INCLUDE STREET, AVE ETC) APT/SPACE/STE# CITY STATE ZIP
CELL PHONE HOME PHONE BUSINESS PHONE
SIGNATURE OF CHARACTER REFERENCE DATE

SECTION D. TO BE COMPLETED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

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State of New York, County of

The above (Character Reference) sworn before me on this day of, 20

SEAL

Notary Public Signature

FOR OFFICE USE ONLY (COMPLETED BY WCPD TLC OFFICER)

Reviewed by: SHIELD#:

Has the character reference been reached? Yes No

Has the character reference been successfully vetted? Yes No

Reference Comments:

Officer's Signature:

Date:



APPLICANT REFERENCE FORM

NOTICE: Applicants must submit three (3) Applicant Reference Forms completed by three (3) separate individuals who:

- A. Are NOT related to you by blood or marriage.
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SECTION B. TO BE COMPLETED BY CHARACTER REFERENCE

- 1. Is the applicant related to you by blood or marriage?
2. For how many years have you known the applicant?
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 below.)

Table with 5 columns: Very High, High, Average, Below Average, Not Acceptable. Rows: Character, Honesty, Reliability.

- 5. To the best of your knowledge, does the applicant use any substances that cause impairment?

If Yes, please note results:

- 6. Would you recommend that the Westchester County TLC grant the applicant a permit?
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ADDRESS (INCLUDE STREET, AVE ETC) APT/SPACE/STE# CITY STATE ZIP
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SIGNATURE OF CHARACTER REFERENCE DATE

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State of New York, County of

The above (Character Reference) sworn before me on this day of , 20

SEAL

Notary Public Signature

FOR OFFICE USE ONLY (COMPLETED BY WCPD TLC OFFICER)

Reviewed by: SHIELD#:
Has the character reference been reached?
Has the character reference been successfully vetted?
Reference Comments:
Officer's Signature: Date:



**WESTCHESTER COUNTY TAXI & LIMOUSINE COMMISSION**

Department of Public Safety \* 112 East Post Rd \* White Plains, NY 10601 \* (914) 995-8400

**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:** \_\_\_\_\_