



**TLC DRIVER'S LICENSE EXPIRATION
DATE ADVANCEMENT REQUEST FORM**

Please visit our website for more information at: www.nyc.gov/tlc,
or our office at 31-00 47th Avenue, 3rd Floor, Long Island City, NY 11101.

You may request that the expiration date of your license be advanced to an earlier date if you can not take your drug test by the time you have to renew your license.

**Are you in the third (3rd) year
of your renewal license?**

If No, you can not advance the expiration date of your license.

If Yes, please continue to read requirements indicated below:

- Complete the reverse side (page 2) of this request form.
- You must have completed an anniversary drug test on your current license.
- Choose a date you would like to advance your expiration date. You may use any date before the expiration date on your current license.
- You can only request to advance the expiration date of your TLC license one (1) time during the term of a license.
- Present the request form at our Long Island City facility, 3rd floor.

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Today's date: _____

TLC License #: _____

Expiration Date of License: _____

Social Security #: ____ - ____ - ____

Last Name: _____

Middle Initial: _____

First Name: _____

Telephone #: _____

Terms and Conditions:

I _____
Print Name

am requesting that the expiration date of my current license be advanced as follows:

Change from _____
Current Expiration date

to _____
Requested New Expiration Date

I understand that I must meet all of the requirements of my license in accordance with the "new" expiration date. I understand that my next drug test must be completed no more than ninety (90) days before the "new" expiration date and that all other requirements for renewing and maintaining my license will now be associated with this date going forward.

Signature _____ Date _____

My signature on this document indicates my formal request to change the expiration date of my license and that I completely understand the requirements for renewing my license in accordance with TLC rules and regulations.

FOR AGENCY USE ONLY

TLC Authorization: _____ Date _____