



# APPLICATION FOR FLEET PROGRAM

**Email:** FleetRental@finance.nyc.gov

**Mail:** NYC Department of Finance, Attn: Stipulated Fine Program, 66 John Street, 3rd Floor, New York, NY 10038

Use this application to enroll your company and vehicles registered or leased in the company's name and address. Upon receipt of this application, we will send you a bill listing your summonses. You will then have 30 days to resolve these summonses by:

- (1) paying all summonses you choose not to contest, or;
- (2) scheduling hearings for summonses you choose to contest and paying for those for which you are found guilty. Provide copies of DMV registrations of all plates being enrolled. A Lease Rider is required if the plate(s) being enrolled are leased and registered in a different owner's name. If you have any questions, contact the Fleet Unit at (212) 291-2577 or by email at **FleetRental@finance.nyc.gov**.

### SECTION I: CONTACT INFORMATION

1. COMPANY NAME (REQUIRED):			
2. DOING BUSINESS AS (DBA) NAME (ATTACH COPY OF CERTIFICATE OF ASSUMED NAME):			
3. BUSINESS ADDRESS (REQUIRED):	CITY:	STATE:	ZIP:
4. MAILING ADDRESS:	CITY:	STATE:	ZIP:
5. PRIMARY CONTACT NAME (REQUIRED):		6. SECONDARY CONTACT NAME:	
7. PRIMARY CONTACT TELEPHONE NO (REQUIRED):		8. SECONDARY CONTACT TELEPHONE NO:	
9. PRIMARY CONTACT EMAIL (REQUIRED):		10. SECONDARY CONTACT EMAIL:	
<b>IMPORTANT:</b> You will not be approved for or enrolled in a program if you do not provide a valid email address. This email address will be used for sending all weekly reports and bills.		11. EMPLOYER IDENTIFICATION NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

### SECTION II: BROKER INFORMATION (If applicable. All fields must be completed.)

1. BROKER COMPANY NAME:			
2. BROKER CONTACT NAME:		3. BROKER TELEPHONE NO:	
4. BUSINESS ADDRESS:	CITY:	STATE:	ZIP:
5. BROKER EMAIL ADDRESS:			

### SECTION III: AUTHORIZATION – Indicate which party is authorized to perform the activities below.

ACTIVITY TYPE	RECEIVE REFUNDS <small>Choose One Only</small>	RECEIVE REPORTS	MAKE PAYMENTS	MANAGE PLATES
COMPANY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROKER (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:** All Fleet Program reports and notifications will be sent by email.

**SECTION VI: SIGNATURE AND CERTIFICATION**

The undersigned agrees that all plates submitted for registration in the Fleet Program will be registered with the Department of Motor Vehicles or leased in our company's name at the business address shown above. We understand that if we submit plates for Fleet Program registration which are not registered to, or leased by, our name and address, such plates may be dropped from the Fleet Program without prior notice, unless a Lease Rider has been provided. We will abide by the Fleet Program's terms and conditions. We understand that failure to comply with these terms and conditions may lead to the suspension or loss of our privilege to participate in the Fleet Program.

The undersigned understands that all terms and agreements set forth in the Fleet Parking Program Enrollment Agreement are incorporated into this application by reference with the same force and effect as though fully set forth in this application.

I, \_\_\_\_\_ certify that I am \_\_\_\_\_ of the company named in this application and that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that willfully making a false statement of a material fact will subject me to the provisions of law relevant to the making and filing of a false instrument and will render this application null and void.

\_\_\_\_\_  
Authorized Company Official's Signature

**Acknowledgment**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

**SECTION VII: VEHICLE PLATE INFORMATION**

Please list all plate numbers associated with your business in the section below (attach additional sheets if necessary). All plate numbers listed below will be enrolled in the Fleet Program; you will receive weekly consolidated electronic statements listing the parking violations issued.

	VEHICLE PLATE NUMBER	STATE	PLATE TYPE
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2			
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**SECTION VII: VEHICLE PLATE INFORMATION**

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FLEET PROGRAM

ENROLLMENT AGREEMENT FOR FLEET PARKING PROGRAMS

I, \_\_\_\_\_, holding the position of \_\_\_\_\_,  
NAME TITLE

am authorized to enroll my company, \_\_\_\_\_, in a New York City Department of Finance fleet vehicle program, for the reporting and payment of parking tickets.

By enrolling in this program, I agree to the following:

- 1. Enrollment:** The Department of Finance is authorized to enroll the company listed above in the Fleet Program, which will be conducted through the web-based portal and by communicating with the company by email. Once enrolled, program activities such as, plate enrollment or termination, debt payment, or account access will be managed online.
- 2. Satisfaction of Summonses:** The company must satisfy any summons issued to a vehicle enrolled in the program by either paying the summons by the due date, or by scheduling a hearing and paying the summons if found guilty.

As of the date of the enrollment application, outstanding balances for both judgment and non-judgment summonses must be satisfied prior to the agreement taking effect. Enrollees may satisfy their outstanding balances by paying for those summonses they choose not to contest, and by scheduling a hearing for eligible summonses they do wish to contest, and then paying the summonses if found guilty.

- 3. Billing:** The Department of Finance will provide electronic reports that list the number of violations issued, the violation categories, the system entry date, and the amount due. Fleet reports will be sent by email or can also be accessed online at any time. By executing this agreement, I consent to email and online notification, which shall be in full compliance with the Department of Finance's online notification obligations. I acknowledge that if the company's email address changes, the company is obligated to notify the Department of Finance; failure to receive notifications from the Department of Finance because of failure to provide the Department of Finance with up-to-date email addresses will not extend any time periods provided for in this agreement. The Department of Finance's notification obligations will be satisfied by email notification to the last address provided.
- 4. Responding to Summonses:** Any summons issued to an enrolled vehicle must be responded to within 60 days of its system-entry date by either (1) being paid; or (2) having a hearing.
- 5. Failure to Pay:** Failure to pay on time shall be deemed, for all purposes, an admission of liability and shall be grounds for rendering and entering a default judgment in the amount of the original fine amount and the imposition of all penalties and interest detailed in the Department of Finance rules; such judgment will be entered in the Civil Court of the City of New York or any other court of civil jurisdiction or any other place provided for the entry of civil judgments within the state of New York. A default judgment may be avoided by payment. Five open judgments incurred within a 12-month period may result in the suspension of the vehicle's New York DMV registration.
- 6. Removal from the Program:** Default judgment of greater than \$350.00 will result in removal from the program, towing, and/or suspension of the vehicle's DMV registration.

**7. Voluntary Enrollment:** Enrollment in a commercial fleet vehicle program is voluntary and may be terminated at any time by either party, for any reason. With respect to plates of vehicles enrolled in the Fleet Program that the company does not own but leases, the company is liable for any summonses issued to those plates until enrollment of such plates in the Fleet Program is terminated. Cancellation shall become effective 10 days following the receipt by the Department of Finance of written notice from the canceling party.

Failure of the Department of Finance to enforce any of its rights upon default herein shall not be deemed a waiver of the right to do so upon any other such default.

I agree that participation in the program requires me to review and manage my reporting online. This agreement contains all terms and conditions agreed upon by the parties and may not be changed other than in writing signed by all parties. This agreement may not be changed orally.

This agreement shall be binding on our assigns and successors forever.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title