

ACCESSIBLE STREET HAIL LIVERY (ASHL) OPERATIONAL PAYMENT APPLICATION

SHL Permit #

Section 1:

Applicant Information (must be ASHL Permit Owner Only and must match information currently on file with TLC)

Name
(PRINT)

D.O.B

MM

DD

YYYY

SS# or EIN #

Premises Address

City

State

Zip code

Mailing Address
(If different than Premise Address)
(must match information on file with TLC)

Telephone #

Cell Phone #

Email Address

Section 2:

SHL Endorsed Base Information

Base/Authority Name

Base License #

IMPORTANT INFORMATION: The For-Hire Vehicle attached to an ASHL and the ASHL License must be affiliated with the same base. If you have not yet done this then you must do so before you can be inspected, operate or receive any grant funding.

Section 3:**Vehicle Information**

Vehicle Identification # (VIN)

Year

Make/Model

Plate #

Vehicle information:

YES

NO

Does this vehicle currently meet ADA accessibility requirements?

Please indicate below the name of the company that MADE or will MAKE the accessibility modifications to the vehicle to meet the requirements of the American Disability Act (ADA):

Name of Company
(PRINT)

Address of Company

Company Phone Number

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Section 4:

Payments

All Grant payments will be made to you as the grantee. You must select Direct deposit (EFT Form):

Direct deposit (EFT Form)

• You must also complete and submit the following document along with your application:

- Substitute W9 Form

*** IMPORTANT INFORMATION:***

Electronic Funds Transfer (EFT) Vendor Payment Enrollment Form must be forwarded to:

NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038; or Fax to 212-487-3027

I certify that the answers given by me above and on any attached supplemental forms or documents are, to the best of knowledge, true, accurate and complete and contain no untrue, false or intentionally misleading statements. I acknowledge and understand that any false statement(s) submitted by me in connection with this grant proposal are punishable under the law and may result in the denial of my application and/or this grant request. I further certify that I have read and understand the rules and requirements associated with purchasing and owning an Accessible SHL license, the grant agreement and all documents pertaining to the submission of this grant application and any terms and conditions associated with receiving the grant funding. I also know that under the law, all 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 New York City 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, and that I must follow and obey all rules and regulations of the New York City Taxi and Limousine Commission should this application be approved.

Applicant Signature

Applicant Name (Print)

Date

Office Use Only

Employee Initial

Camis ID

Decision: **Approved**

Denied

Date Received