



Taxi and Limousine Commission
Licensing and Standards, Grants Unit
31-00 47th Avenue, 3rd floor
Long Island City, NY 11101
TLCGrants@tlc.nyc.gov

MEDALLION/FHV LICENSE REQUEST FORM

NOTE: This form must be completed by both the sponsor (a Medallion Owner or Agent) AND the FHV driver. Completed forms must be mailed or e-mailed with a photocopy of the TLC-issued FHV driver's license to the address above.

The sponsor is a (check one): [] Medallion Owner [] Agent Medallion/Agent License Number: _____

Sponsor Name: _____ E-mail: _____

Sponsor Address: _____

Driver Name: _____ E-mail: _____

Driver License Number: _____ Telephone: _____

SECTION A (to be completed by the sponsor)

I, _____, certify the following to be true:
Print Sponsor Name

- a) The driver has been trained in the use of the TPEP/LPEP system, taximeter, and accessible vehicle equipment.
b) The driver understands the rate of fare rules and has been informed that the taximeter must be engaged for all trips.
c) The driver understands he/she may not refuse to transport a passenger to any destination within the City of New York, Nassau and Westchester Counties and Newark Airport.
d) The driver speaks and understands English as required by TLC rule 54-04(f).

Sponsor Signature

Date

SECTION B (to be completed by the driver)

I, _____, certify and understand the following to be true:
Print Driver Name

- a) I received and understand the training listed in SECTION A above.
b) When operating a taxicab or SHL, I must comply with all rules contained in Chapter 54 of the TLC rulebook.
c) If approved, my FHV license will be converted to a conditional MED/FHV license. My license number and any associated points, summonses, fines or fees will be applied to the conditional MED/FHV license.
d) If approved, I must pass the Medallion Upgrade Test within 60 days of this test being made available. If I fail to take and pass the Medallion Upgrade Test my conditional MED/FHV license will revert to a FHV license.

Driver Signature

Date

This section is for TLC use only
Licensed before March 1, 2014? [] Yes [] No
Request Approved? [] Yes [] No (reason for denial) _____
Reviewed By: _____ Date: _____

If approved, the MED/FHV will be mailed to the address on file with TLC. Please make sure that your contact information on file with TLC is current and up to date. Visit https://www1.nyc.gov/lars/ to update your information.