



NASSAU COUNTY
DEPARTMENT OF CONSUMER AFFAIRS
240 Old Country Road, Mineola, NY 11501
Phone: (516) 571-2600
consumeraffairs@nassaucoutyny.gov
www.nassaucoutyny.gov

GENERAL INSTRUCTIONS FOR NCTLC FOR-HIRE VEHICLE REGISTRATION

THE FILING OF AN APPLICATION DOES NOT GRANT OPERATING
AUTHORITY AND MUST BE FILED IN PERSON.
THE REGISTRATION MUST BE IN THE POSSESSION OF THE LICENSEE TO OPERATE.

1. Applicant must submit any town, city, village or county license for each vehicle (if applicable). In lieu of a license, we will initially accept a clear letter or "taxi legend" from a local licensing municipality authorizing your vehicle to be registered if seeking exemption.
2. Applicants must submit a valid NYSDMV vehicle registration, title or bill of sale with vehicle VIN.
3. Applicants must submit a current FH-1 Insurance card for each vehicle.
4. Applicants must provide a Certificate of Liability Insurance (Accord Form #25-S), with Nassau County Consumer Affairs TLC, 240 Old Country Road, Mineola, NY 11501, as the certificate holder, and have 10 or more days of Notice of Cancellation.
5. Applicants must submit a Certificate of Workman's Compensation, which is required covering all employees (form U26 or 105.2). If you DO NOT have employees, you must submit a Certificate of Attestation Exemption (CE-200) form from the Workman's Compensation Board. The form can be obtained online at www.wcb.state.ny.us or by calling 877-632-4996.
6. Applicants must provide a Corporate Filing Receipt and Assumed Name Certificates (if applicable). If you have not formed a corporation and you will be advertising and /or conducting business in any other name other than your personal name then you MUST file a Business Certificate with the Nassau County Clerk's office and submit an original to us.
7. Applicants must submit a Valid NYSDMV driver license & proof of residence (utility bill, mortgage, lease or notarized letter from property owner with their proof stating you reside there) for each owner, partner, officer, manager (For first time applicants only).
8. Applicants must submit proof of business location and parking arrangements (if different from business location), utility bill, mortgage, lease or notarized letter with owners' proof as above.
9. Vehicle Inspection receipt (as applicable) for the vehicle's NYS Safety Inspection.
10. Applicants must not have outstanding child support, fines, or debt obligations to any governmental agency.
11. Applicants must submit a completed application and notarized affidavit form. Non-Exempt applicants must be fingerprinted as part of a background check.

2 YEAR REGISTRATION		EXEMPT 1 YEAR REGISTRATION	
REGISTRATION	\$550.00 per vehicle	WITH LOCAL LICENSE	\$5.00 per vehicle
PLATE FEE	\$25.00 (if applicable)	PLATE FEE	\$25.00 per vehicle

YOU MAY SUBMIT ONE PAYMENT FOR MULTIPLE VEHICLES

ALL PAYMENTS MUST BE MADE BY CERTIFIED CHECK OR MONEY ORDER,
CHECK OR CREDIT CARD PAYABLE TO:

"COUNTY OF NASSAU"

ALL APPLICATION FEES & MATERIALS ARE NON- REFUNDABLE, NON-RETURNABLE.

NOTICE: The NC Department of Consumer Affairs TLC For-Hire Vehicle Registration and the For-Hire Vehicle Driver's Authorization **DOES NOT** entitle you to operate point-to-point within the borders of any town, city or village located in Nassau County which currently regulates for-hire vehicles and/or drivers. If you wish to operate point-to-point within any of these municipalities you must contact the administrative office of such municipality. Failure to comply with any laws, rules, regulations and licensing requirements of any town, city or village can result in enforcement by the municipality and NC Department of Consumer Affairs.

PENALTY FOR FALSIFICATION: The issuance of a license is subject to verification of the information provided in the application. Falsification of any statement made herein is an offense punishable by a fine, and/or revocation, suspension or denial of license and criminal prosecution by the Office of the District Attorney.

PLEASE HAVE ALL REQUIRED DOCUMENTS ORGANIZED BY VEHICLE TO BE REGISTERED.

FAILURE TO COMPLETE ALL REQUIREMENTS WITHIN 90 DAYS OF SUBMITTING YOUR APPLICATION WILL RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.



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FOR OFFICE USE ONLY

REGISTRATION AMOUNT: \$ _____
 DATE PAID: _____ RECEIPT #: _____
 CHECK/CC/MO: _____
 ISSUED BY: _____

**TAXI & LIMOUSINE COMMISSION
 FOR-HIRE VEHICLE REGISTRATION APPLICATION**

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

TYPE OF VEHICLE: TAXI LIMOUSINE COMMUTER VAN PARATRANSIT

Vehicle Owner: _____ Date of Birth: _____

(as listed on DMV Registration)

DBA: _____ EIN/SS #: _____

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

Legal Address: _____ Phone #: _____

Cell Phone #: _____

Email Address: _____ 24hr Phone #: _____

Mailing Address: (If different than legal address) _____

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____ Plate: _____

Color: _____ Seating Capacity: _____ VIN #: _____

IS THE VEHICLE LICENSE ISSUED BY ANY OTHER MUNICIPALITY? (IF "YES", LIST INFO BELOW)

 MUNICIPALITY LICENSE NUMBER EXPIRATION DATE

 MUNICIPALITY LICENSE NUMBER EXPIRATION DATE

Is this vehicle leased? Yes No

If "Yes"; complete the following information about the lessor(s) and attach copy of lease agreement:

Name: _____ Telephone #: _____

Address: _____ Lease #: _____

Has this vehicle been stretched? Yes No

If "Yes"; Is this vehicle CMC or QVM certified? Yes No

Is this vehicle handicapped accessible? Yes No

ADDITIONAL VEHICLES - NASSAU COUNTY TAXI AND LIMOUSINE COMMISSION -- APPLICATION

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____ Plate: _____

Color: _____ Seating Capacity: _____ VIN #: _____

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Name: _____ Telephone #: _____

Address: _____ Lease #: _____

Has this vehicle been stretched? Yes No

If "Yes"; Is this vehicle CMC or QVM certified? Yes No

Is this vehicle handicapped accessible? Yes No

BASE INFORMATION: (List Vehicle's Dispatching Base here. If same as legal address, just write "Same")

Name: _____ Base/Company Owner: _____

Address: _____ Phone #: _____

_____ Base #: _____

List all owners, partners, officers and managers (use additional page if necessary):

Name: _____ Title: _____

Home Address: _____ Cell Phone: _____

_____ Date of Birth: _____

Email Address: _____ SS#: _____

Name: _____ Title: _____

Home Address: _____ Cell Phone: _____

_____ Date of Birth: _____

Email Address: _____ SS#: _____

Name: _____ Title: _____

Home Address: _____ Cell Phone: _____

_____ Date of Birth: _____

Email Address: _____ SS#: _____

ALL QUESTIONS MUST BE ANSWERED ACCURATELY AND TO THE BEST OF THE APPLICANT'S KNOWLEDGE REGARDING THE FOLLOWING QUESTIONS WITH REGARDS TO ALL OWNERS, PARTNERS, OFFICERS AND MANAGERS; UNDER PENALTY OF LAW.

HAVE ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS EVER BEEN CONVICTED OF A CRIME? (Misdemeanor/Felony)

Yes No

HAVE ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS EVER BEEN CONVICTED OF A DWI OR ANY OTHER ABILITY IMPAIRED OR UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WHILE DRIVING VIOLATION?

Yes No

HAVE ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS EVER HAD ANY TAXI, FOR-HIRE OR DMV DRIVER LICENSE ISSUED DENIED, SUSPENDED OR REVOKED?

Yes No

DO ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS HAVE CRIMINAL CHARGES CURRENTLY PENDING AGAINST THEM?

Yes NO

DO ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS HAVE CHILD SUPPORT ORDER(S)? IF YES, YOU MUST SUBMIT A COPY OF THE ORDER AND PROOF THAT ALL SCHEDULED PAYMENTS ARE BEING MADE.

Yes No

DO ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS HAVE ANY JUDGMENTS,
LIENS OR TAX WARRANTS?

Yes

No

DO ANY OWNERS, PARTNERS, OFFICERS OR MANAGERS CURRENTLY OWE ANY
NASSAU COUNTY AGENCY MONEY? IF YES, ALL FUNDS MUST BE PAID TO BE LICENSED.

Yes

No

IF YOU ANSWERED "YES" TO ANY OF THE PREVIOUS QUESTIONS, YOU MUST PROVIDE CERTIFIED COPIES OF COURT DISPOSITIONS AND/OR WRITTEN EXPLANATION FOR ALL CHARGES. A COPY OF THE COURT CASE(S) MAY BE REQUIRED.

In consideration of being granted the license hereby applied for, it is agreed that the applicant will comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine, and/or revocation or denial of license and criminal prosecution by the Office of the District Attorney.

FAILURE TO COMPLETE: Failure to complete all requirements with 90 days of submitting your application will result in automatic denial of your application.

ALL APPLICATION FEES & MATERIALS ARE NON- REFUNDABLE, NON-RETURNABLE.

APPLICANT SIGNATURE: _____

DATE: _____



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**AFFIDAVIT OF APPLICANT
 FOR NCTLC FOR-HIRE VEHICLE REGISTRATION**

I, _____, as owner, partner, officer or stockholder (_____)
Print Full Name *Title*
 of _____ having been duly sworn, depose and state that:
Name of Business

- a. The vehicle(s) will not be operated in Nassau County as a For- Hire Vehicle until a valid Nassau County Department of Consumer Affairs TLC Registration is issued;
- b. The vehicle(s) will be operated only by drivers duly licensed by the municipality where the vehicle(s) is/are licensed and any and all legal documents served to the agent is the same as against applicant;
- c. The vehicle(s) and driver(s) will be dispatched in conformance with all applicable laws and rules and regulations of New York State, Nassau County, the licensing municipality and the Nassau County Taxi and Limousine Commission;
- d. The answers to the foregoing questions and other statements contained therein are true to the best of my knowledge and I understand that;
- e. The fee paid with this application is not refundable and its payment does not guarantee the issuance of a NCTLC registration;
- f. If the vehicle(s) described in the application is/are found operating as a For- Hire Vehicle prior to receipt of a NCTLC registration; the application will be denied and the application fee forfeited.
- g. I am responsible to inquire if no registration is received within 30 days;
- h. If my vehicle(s) is/ are licensed by a municipality within the County of Nassau, that I am responsible For obtaining the appropriate license plates within 10 days of preliminary approval of my application;
- i. If granted, the use and retention of the for-hire vehicle registration is contingent upon the full and consistent satisfaction of all the requirements of the Nassau County Department of Consumer Affairs Taxi and Limousine Commission as set forth in the Commission's rules and regulations, a copy of which I have received.
- j. I cannot register my vehicle(s) using a Post Office Box;
- k. The DMV registration of my vehicle(s) may be suspended by NYSDMV if my For-Hire Vehicle insurance is canceled or, if licensed in Nassau County, I fail to renew my license and the NCTLC registration.

Complete the following statement to AUTHORIZE ANOTHER PERSON TO SUBMIT THIS APPLICATION.

I, _____ hereby authorize _____ to submit this application on my behalf.
 (Print Name) (Specific Person or Base/ Company Name)

PENALTY FOR FALSIFICATION: Falsification of any statement made herein or submission of falsified documentation accompanying this application is an offense punishable by a fine, and/or revocation or denial of registration and criminal prosecution by the Office of the District Attorney.

MUST BE NOTARIZED

Sworn to before me
 this _____ day of _____, 20 _____

 Notary's Signature

 (Applicant Printed Name)

 (Applicant Signature)

BRUCE A. BLAKEMAN
COUNTY EXECUTIVE



JOHN R. CAPECE
COMMISSIONER

DEPARTMENT OF CONSUMER AFFAIRS

NASSAU COUNTY TAXI & LIMOUSINE COMMISSION
FINGERPRINT BASED BACKGROUND CHECK

AS REQUIRED BY §1-07 OF THE NCTLC RULES AND REGULATIONS, FOR-HIRE VEHICLE DRIVERS LICENSE APPLICATES ARE REQUIRED TO SUBMIT TO A FINGERPRINT BASED BACKGROUND CHECK AS PART OF THE VEHICLE DRIVERS LICENSE APPLICATION PROCESS. WHILE THE RESULTS WILL BE DELIVERED TO THIS DEPARTMENT FOR REVIEW BEFORE YOUR APPLICATION IS APPROVED/GRANTED, WE ASK THAT A COPY OF YOUR RECEIPT BE SUBMITTED WITH YOUR APPLICATION.

YOU MAY MAKE A FINGERPRINT APPOINTMENT WITH IDENTOGO BY GOING TO THEIR WEBSITE: <https://uenroll.identogo.com/> OR BY CALLING 877-472-6915.

PLEASE MAKE SURE YOU PROVIDE THE FOLLOWING NCTLC SERVICE CODE: **156HH8**.

FOR MORE INFORMATION OR IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL US AT:
consumeraffairs@nassaucountyny.gov

**FAILURE TO COMPLETE A BACKGROUND CHECK WILL RESULT IN THE DENIAL OF YOUR
LICENSE APPLICATION.**