



CHECK THE BOX THAT APPLIES:

DMV OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	Date Issued: _____
<input type="checkbox"/> DENIED	Permit Number: _____
	Expiration Date: _____

Initial License Application

- Complete sections 1, 2 and 3.
- Sign the certification in section 4.
- Attach a sample of your trade dress/company insignia that will be placed in vehicles.
- Attach a sample of your TNC driver permit without personal driver data.
- Attach a copy of your Group Insurance Policy and the Certificate for your Group Insurance Policy (ex. Form ACORD 25) listing NYS Department of Motor Vehicles as the holder of the Certificate. If you have more than one policy, provide a copy for each policy and the Certificate.
- Attach a copy of proof of authorization to do business in NYS issued by the Secretary of State.
- Pay the \$100,000 initial application fee (certified or bank check only). If the application is denied, DMV will keep \$10,000.

Renew License

- Complete sections 1, 2 and 3.
- Sign the certification in section 4.
- Attach a copy of your Group Insurance Policy and the Certificate for your Group Insurance Policy (ex. Form ACORD 25) listing NYS Department of Motor Vehicles as the holder of the Certificate. If you have more than one policy, provide a copy for each policy and the Certificate.
- Attach a copy of the proof of authorization to do business in NYS if your business name has changed since your initial application.
- Pay the \$60,000 annual renewal fee (certified or bank check only). If the application is denied, DMV will keep \$10,000.

Update Information Only (no fee required)

- Complete the appropriate section of this form to indicate any change in information you previously provided.
- If your Group Insurance Policy changes, attach a copy of your new policy and Certificate.
- Sign the certification in section 3.

Send a certified or bank check payable to the “Commissioner of Motor Vehicles” and your application to: NYS Department of Motor Vehicles, Rideshare Unit, PO Box 2603, Albany NY 12220-0603.

**THIS APPLICATION WILL BE RETURNED TO YOU IF IT IS INCOMPLETE**

**SECTION 1: COMPANY INFORMATION**

Transportation Network Company's Legal Name			
Transportation Network Company's Assumed/DBA Name (if applicable)			
Mailing Address			
City	State	Zip Code	County
Telephone Number ( ) ext.	Fax Number ( )		
Physical Address (if different from mailing address)			
City	State	Zip Code	County
Website or web address homepage			

**SECTION 2: CONTACT INFORMATION (TNC correspondence will be sent to the person listed)**

Contact Name			Title
Mailing Address			
City	State	Zip Code	County
Business Telephone Number ( ) ext.	Fax Number ( )	Email address	

**SECTION 3: REGISTERED AGENT FOR SERVICE OF PROCESS IN NEW YORK**

Agent Name		Agent's Company Name	
Mailing Address			
City		State	Zip Code
Telephone Number ( ) ext.		Fax Number ( )	Email address (if available)

**SECTION 4: CERTIFICATION/SIGNATURE**

The TNC certifies that it is in compliance with the following requirements, and that it must produce proof of such compliance upon request of the Department of Motor Vehicles.

1. The TNC must submit, upon DMV's request, the name of the insurer of a TNC vehicle that was involved in a motor vehicle crash.
2. The TNC, or a third party authorized by the TNC, must conduct a criminal history background check of all applicants for a TNC permit.
3. The TNC must only issue a permit to operate a TNC vehicle to a person who meets the qualifications set forth in Article 44-B of the Vehicle and Traffic Law.
4. The TNC must enroll all of its approved drivers in the DMV's License Event Notification Service. Until enrolled, the TNC driver cannot access the TNC's digital network.
5. A TNC must implement a zero tolerance policy regarding a TNC driver's use of alcohol or drugs while accessing the TNC's digital network.
6. The TNC must adopt a policy of non-discrimination based upon destination, race, color, national origin, religious belief, practice or affiliation, sex, disability, age, sexual orientation, gender identification, or genetic predisposition with respect to passengers and potential passengers. The TNC must notify TNC drivers of such policy.
7. TNC drivers must comply with all laws related to accommodation of service animals.
8. The TNC must add the surcharge required by section 160-jj of the Executive Law to every invoice and billing for covered services sent to its customers, and every credit payment for covered services received from its customers. The TNC must pay the surcharge to the NY Black Car Operators' Injury Compensation Fund, Inc., no later than the 15th day of each month that the total surcharges are due.
9. The TNC shall submit to audits by DMV, in accordance with section 80 of Title 15 of the Commissioner's Regulations, for the purpose of ensuring compliance with Article 44-B of the Vehicle and Traffic Law and the Commissioner's Regulations.
10. The TNC acknowledges and understands that, pursuant to the Commissioner's Regulations, DMV is authorized to suspend or revoke the TNC's license to operate in NYS and to assess civil penalties, in accordance with Section 80 of Title 15 of the Commissioner's Regulations.
11. The TNC must comply with all provisions of Article 44-B of the Vehicle and Traffic Law, the Commissioner's Regulations, and Section 3455 of the Insurance Law.

I certify that I am duly authorized to make this application on behalf of, and with the power to bind, the above-named Transportation Network Company, and all information I have provided in connection with this Application is true and complete to the best of my knowledge.

**WARNING:** Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to criminal prosecution under the Law.

TNC Company Name  
(Please Print): \_\_\_\_\_

BY, (Sign) X \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have questions about this form, call the Rideshare Unit at (518) 474-5679 or send an email to TNC@dmv.ny.gov.**