



Philadelphia Parking Authority  
Taxicab & Limousine Division  
Administration Department  
2415 S. Swanson Street  
Philadelphia, PA 19148  
(215) 683-9895  
[tldadmin@philapark.org](mailto:tldadmin@philapark.org)

DATE STAMP

### WAV DISPATCHER AUTHORIZATION

- Please read each question carefully before answering.
- Incomplete applications will not be accepted.
- This application may be filed by a current PPA certified dispatcher or an applicant for a dispatcher's certificate simultaneously with a SA-1 application.
- The authorization to dispatch WAV taxicabs is nontransferable.
- The authorization to dispatch WAV taxicabs will automatically expire on July 1<sup>st</sup> of each year. A Certificate Holder may reapply for WAV dispatcher authorization by filing this form at the time it makes its annual filing through Form DSP-6.
- Failure to file this form by the due date and complete all requirements may result in the issuance of a penalty, including cancellation, and may subject the rights to an out of service designation
- The authorization to dispatch WAV taxicabs may be suspended, cancelled or revoked for a violation of the Taxicab and Limousine Division's statute, regulations or an order of the Authority.

### SECTION 1: CERTIFICATE HOLDER INFORMATION

Certificate Holder Name \_\_\_\_\_ CPC No. \_\_\_\_\_ - 03  
(if applicable)

Contact Person \_\_\_\_\_ Main Dispatch Phone Number \_\_\_\_\_

Main Email Address \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check here if Physical Address is the same as Mailing Address

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax Number to be used for purposes of the WAV Dispatcher Communication Method:

**SECTION 2: DISPATCHER CERTIFICATION INFORMATION**

New Applicant for Dispatcher

Existing Certified Dispatcher      CPC No. \_\_\_\_\_

1. Has the certified dispatcher ever previously applied and/or was granted authorization to dispatch WAV taxicabs?     YES       NO
2. If yes, was the authorization to dispatch WAV taxicabs ever suspended, cancelled or revoked?     YES       NO
  - a. If yes, please explain the incident including but not limited to the date of the incident, which agency entered the order, docket number and any other supporting facts. (attach additional sheets if necessary).

**SECTION 3: WAV DISPATCH REQUIREMENTS**

**Each item below must be initialed to affirm that you have read and understood all WAV dispatcher requirements.**

\_\_\_\_\_ Only a WAV taxicab dispatcher may dispatch WAV taxicabs.

\_\_\_\_\_ A WAV taxicab dispatcher shall have no less than 10% of the WAV taxicabs authorized by the Authority to provide city-wide call or demand service in its association at all times. The Authority will maintain a current list of authorized WAV taxicabs on its website at [www.philapark.org](http://www.philapark.org).

\_\_\_\_\_ Dispatchers shall give preference to persons seated in a wheelchair when dispatching a WAV taxicab.

\_\_\_\_\_ A WAV taxicab dispatcher shall maintain a means of immediate and simultaneous telephone, internet, or other electronic communication with every WAV taxicab dispatcher that is approved in advance by the Authority. See Authorized WAV Dispatcher Communication Method posted at [www.philapark.org](http://www.philapark.org).

\_\_\_\_\_ Upon receipt of a request for WAV taxicab service directly from a source, including a potential customer or as provided in 52 Pa. Code § 1021.16(a) (relating to service issues regarding people with disabilities), a dispatcher not authorized to dispatch WAV taxicabs shall immediately forward the potential customer’s contact information and location to a WAV taxicab dispatcher through means of electronic communication approved by the Authority.

\_\_\_\_\_ Customers referred to a dispatcher for a WAV taxicab shall be serviced in all ways as if the request were made directly to the dispatcher.

\_\_\_\_\_ In the event that a WAV taxicab dispatcher cannot provide a WAV taxicab to a requesting customer within 20 minutes, the request for service shall be forwarded by the WAV taxicab dispatcher to every other WAV taxicab dispatcher through the electronic communication procedure required by the Authority.

\_\_\_\_\_ The information provided by the forwarding WAV taxicab dispatcher must include the information necessary to provide the requested service, including the following: the time the request was received by the forwarding WAV taxicab dispatcher, the time that the service is requested to begin, the location where the WAV taxicab is expected to appear to initiate service, the telephone number and other contact information of the person requesting service, if available and the time that the forwarding WAV taxicab dispatcher would be able to initiate service, if at all.

\_\_\_\_\_ A WAV taxicab dispatcher shall immediately accept the request forwarded if the dispatcher can provide a WAV taxicab as requested before the forwarding dispatcher and sooner than any other WAV dispatcher. If the request for service is not accepted, the forwarding WAV dispatcher shall provide the service when able to.

\_\_\_\_\_ Acceptance of the forwarded request shall be simultaneously communicated to all other WAV taxicab dispatchers and the TLD through the electronic communication procedure required by the Authority. See Authorized WAV Dispatcher Communication Method posted at [www.philapark.org](http://www.philapark.org).

\_\_\_\_\_ The accepting dispatcher shall inform the person that has requested WAV taxicab service that it will dispatch a WAV taxicab to the requester immediately.

\_\_\_\_\_ In addition to the requirements provided in 52 Pa. Code § 1019.8 and § 1019.14, a WAV dispatcher shall use a dispatching system that maintains the following data: (1) each request to the dispatcher for a WAV taxicab and the dispatcher’s response to that request; (2) each occasion of WAV taxicab service to a person in a wheelchair by a taxicab in the dispatcher’s association, including the date of service, the amount of the fare paid and the manner in which the taxicab service was initiated; and (3) the name and WAV Taxicab driver certificate number for each driver that has accepted or declined a dispatch for service to a person in a wheelchair. All of aforementioned data must be included in the WAV dispatcher’s monthly filing of the form DSP-4.

**SECTION 4: AFFIRMATION & VERIFICATION**

**THIS FORM MUST BE SUBMITTED AND VERIFIED BY AN AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE HOLDER.**

I, \_\_\_\_\_, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Lastly, I affirm that I have read and understood all of the instructions and requirements for filing this application and completing the annual information filing process.

\_\_\_\_\_  
Signature Title/Position Date

**FOR PPA USE ONLY**

**APPROVED**

**PENDING**

**SUBMITTED FOR REVIEW**

**COMPANY INFORMATION**

Total Outstanding TLD Penalties \$ \_\_\_\_\_  Contested (Hearing Requested)

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_