



Philadelphia Parking Authority
 Taxicab & Limousine Division
 TLD Enforcement Department
 2415 S. Swanson Street
 Philadelphia, PA 19148
 T (215) 683-9438
 F (215) 683-9452
tldenforcement@philapark.org

Date Stamp

DISPATCHER AFFILIATED TAXICABS

- The DSP-4 must be filed on the first day of each month noting the taxicab numbers and certificate holders associated with the dispatcher at that time.
- If a taxicab is added or removed from a dispatcher’s customer list, the dispatcher shall report the change within 24 hours to the Authority.
- **Filing Requirements:** This form must be filed electronically to Wschmid@philapark.org **AND** to your assigned liaison officer

215 Get A Cab, Inspector A. Colon, Acolon@Philapark.org

City Cab, Inspector J. Burke, Jburke@Philapark.org

Philadelphia Taxi Association, Inspector J. Gallagher, Jgallagher@Philapark.org

Yellow Cab Co., Inspector S. Slobodrian, Sslobodrian@Philapark.org

Germantown Taxicab, Inspector Matt Black, MBlack@Philapark.org

Dispatch Association: _____ for the Month of _____

WAV Dispatcher: **YES** **NO**

If yes, both page 1 and 2 of this form must be completed

P Number	Add/Drop	Effective Date	WAV (check if applicable)	P Number	Add/Drop	Effective Date	WAV (check if applicable)

WAV DISPATCHER DATA

ALL WAV DISPATCHERS MUST PROVIDE THE FOLLOWING INFORMATION

Additional sheets may be used if necessary

Each request to the Dispatcher for a WAV taxicab and the Dispatcher's response to that request. Please include as much supporting information as possible including the date, location, etc.:

Each occasion of WAV taxicab service to a person in a wheelchair by a taxicab in the Dispatcher's association, including the date of the service, the amount of the fare paid and the manner in which the taxicab service was initiated:

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:

VERIFICATION

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).

Signature

Title/Position

Date