



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](mailto: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](mailto:Wschmid@philapark.org) **AND** to your assigned liaison officer

215 Get A Cab, Inspector A. Colon, [Acolon@Philapark.org](mailto:Acolon@Philapark.org)  
 Alliance Taxi Dispatch Co., Inspector Steve Marshall, [Smarshall@Philapark.org](mailto:Smarshall@Philapark.org)  
 City Cab, Inspector J. Burke, [Jburke@Philapark.org](mailto:Jburke@Philapark.org)  
 DW Cab T/A Crescent Cab, Inspector, S. Owens, [Sowens@Philapark.org](mailto:Sowens@Philapark.org)  
 Freedom Taxi, Inspector T. Nestel, [Tnestel@Philapark.org](mailto:Tnestel@Philapark.org)  
 PHL Taxi, Inspector Steve Marshall, [Smarshall@Philapark.org](mailto:Smarshall@Philapark.org)  
 Philadelphia Taxi Association, Inspector J. Zaleski, [Jzaleski@Philapark.org](mailto:Jzaleski@Philapark.org)  
 Quaker City, Inspector M. Black, [Mblack@Philapark.org](mailto:Mblack@Philapark.org)  
 Yellow Cab Co., Inspector S. Slobodrian, [Sslobodrian@Philapark.org](mailto:Sslobodrian@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:**

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### **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).

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Signature

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Title/Position

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Date