



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

DATE STAMP

Dispatcher Renewal

2020 Dispatcher Certificate Annual Information Filing

- This Dispatcher Renewal Form must be completed and filed along with all supporting documentation outlined within this form no later than May 1, 2019. Incomplete filings will not be accepted. This form may also be obtained on the TLD website www.philapark.org/tld.
- 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.
- All outstanding TLD penalties, fees, assessments, and parking/traffic violations issued to the Certificate Holder and each shareholder, officer, director, member, or any other person with controlling interest and key employee of the Certificate Holder must be satisfied before the Certificate Holder's annual information filing can be completed.

SECTION 1: CERTIFICATE HOLDER INFORMATION CPC No. _____-03

Company Name _____ Contact Person _____

Primary Email Address _____ 1st Phone Number _____

Secondary Email Address _____ 2nd Phone No. _____

Main Dispatch 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 _____

Check here if you are a current authorized WAV dispatcher or intend to dispatch WAV taxicabs in the upcoming year. The authorization to dispatch WAV taxicabs must be done through the filing of Form DSP-7 "WAV Dispatcher Authorization." Current WAV dispatcher authorization will automatically expire on July 1st of each year. Therefore, current WAV dispatchers shall file a DSP-7 along with this annual information filing to reapply for WAV dispatcher authorization.

SECTION 2: DISPATCHER REQUIREMENTS

Number of Coordinated Phone Lines: _____ Association Rates as of 7/01/19: \$ _____

The following information must be filed along with this Dispatcher’s Renewal Form:

1. Proof of Dispatcher Bond or Irrevocable Letter of Credit in an amount of at least \$10,000.00 and upon terms and in a form as will insure the dispatcher’s adherence to the law, the Authority’s regulations and orders and the interests of the dispatcher’s clients, including payment of all fines, fees and penalties incurred by the dispatcher.
2. Proof of advertisement in a telephone book with citywide circulation in Philadelphia or a website in which displays all of the information necessary to order a taxicab through a dispatcher.
3. Technology that is approved by the Authority that facilitates two-way communication, in real time verbal and data, between the dispatcher and driver of a taxicab. A written description including all specifications of the two-way communication technology shall be submitted to the Authority for approval and inspection before a dispatcher may use such technology, unless such two-way communication has already been approved for use in conjunction with an approved meter system as provided in 1017.23 (relating to approved meters).
4. Form DSP-4 “Dispatcher Affiliated Taxicabs”
5. Form DSP-5 “Dispatcher Rate Schedule”

NOTE: AS A REQUIREMENT OF THIS APPLICATION, YOU WILL BE CONTACTED BY THE TLD ENFORCEMENT DEPARTMENT FOR THE FOLLOWING:

1. To present a vehicle to the TLD for Photographs to be taken of current colors and markings.
2. To conduct a facility inspection.

SECTION 3: OWNERSHIP INFORMATION (This section may be photocopied & used as much as necessary).

Attached to this application must be a **state-issued photo identification** for each shareholder, officer, member, director or anyone else with controlling interest in the certificate holder (*see* 52 Pa. Code § 1001.10 Definitions).

Attached to this application must be a **Criminal History Report**, obtained within 30 days of filing this application, for each shareholder, officer, member, director, key employee, or anyone else with controlling interest. The criminal history report shall be conducted on a local and national background check, which shall include a multistate or multijurisdictional criminal records locator or other similar commercial nationwide database with primary source validation and a review of the United States Department of Justice National Sex Offender Public Website.

SHAREHOLDER/OFFICER/MEMBER CONTACT INFORMATION (attach additional pages if more space is needed)

This section must be filled out in its entirety. If a certain section is not applicable, simply mark N/A in the space provided.

PRESIDENT/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If company is LLC, managing Member check here If this person is a Director, check here
Holds a current TLD Driver Certificate? Yes No If yes please provide H - _____

VICE PRESIDENT/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If company is LLC, managing Member check here If this person is a Director, check here
Holds a current TLD Driver Certificate? Yes No If yes please provide H- _____

SECRETARY/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If company is LLC, managing Member check here If this person is a Director, check here
Holds a current TLD Driver Certificate? Yes No If yes please provide H- _____

TREASURER/MEMBER NAME: _____ **SHARES/INTEREST** _____ %

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

If company is LLC, managing Member check here If this person is a Director, check here
Holds a current TLD Driver Certificate? Yes No If yes please provide H- _____

SECTION 4: KEY EMPLOYEES (This section may be photocopied & used as much as necessary)

A Key Employee is any individual who is employed in a director or department head capacity and who is empowered to make discretionary decisions that affect the operations of the Certificate Holder
(attach additional pages if more space is needed). If this section is not applicable, simply mark N/A in the space provided

Attached to this application must be a **state-issued photo identification** for each key employee.

Attached to this application must be a **Criminal History Report**, obtained within 30 days of filing this application, from each key employee. The criminal history report shall be conducted on a local and national background check, which shall include a multistate or multijurisdictional criminal records locator or other similar commercial nationwide database with primary source validation and a review of the United States Department of Justice National Sex Offender Public Website.

KEY EMPLOYEE NAME: _____

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

Key Employee holds a current TLD Driver Certificate? Yes No If yes please provide H - _____

KEY EMPLOYEE NAME: _____

HOME ADDRESS _____ **DOB** _____

CITY/STATE/ZIP _____ **SSN** _____

PHONE _____ **EMAIL ADDRESS** _____

Key Employee holds a current TLD Driver Certificate? Yes No If yes please provide H - _____

SECTION 5: ASSESSMENTS

You must initial each item below to confirm that you have read and understand the annual assessment process.

Assessment notices will be sent by email to all certificate holders.

A dispatcher certificate holder may pay the assessment in four equal installments with the first payment being due within 30 days after service of the notice of assessment as provided in section 53 Pa. C.S. 5707.1 (a) of the act (relating to assessment notice and hearings) and on September 15, December 15 and February 15 of year fiscal year.

All assessment payments will be considered late if not paid within 30 days of the issuance of the assessment notice. **Rights issued by the Authority may be subject to a penalty, including cancellation, and placed out of service at the time an assessment payment becomes late.**

SECTION 6: AFFIRMATION & VERIFICATION

THIS RENEWAL 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). I understand that if there are any changes to the information contained herein after the filing of this form, I shall notify the Taxicab and Limousine Division’s (“TLD”) Administration Department in writing immediately.

I also verify that the persons listed in this application have not been subject to a conviction as defined in 52 Pa. Code § 1001.10 (relating to definitions) and that this certificate holder along with each person listed in this application are in compliance with 52 Pa. Code § 1011.7, that all assessments, fees, penalties and other payments due to the Authority are paid and as well as remaining current on the payment of parking violations and traffic violations unless under appeal.

I further affirm that I am in compliance with all dispatcher requirements including, but not limited to, those outlined in 52 Pa. Code Chapter 1019 (relating to dispatchers).

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

INCOMPLETE

SUBMITTED FOR REVIEW

COMPANY INFORMATION

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

OWNERSHIP INFORMATION

Pres./Member: Parking/Traffic Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

V.P./Member: Parking/Traffic Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Sec./Member: Parking/Traffic Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Treas./Member: Parking/Traffic Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Key Employee: Parking/Traffic Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____
 \$ _____ Contested

Colors & Markings Review Appointment Scheduled **Date:** _____

COMMENTS: _____

Reviewed By: _____ **Date:** _____