

PRT-2



**THE PHILADELPHIA PARKING AUTHORITY**  
**Taxicab and Limousine Division**  
**Administration Department**  
2415 South Swanson Street  
Philadelphia PA 19148  
Phone: 215-683-9895  
Email: [TLAdmin@philapark.org](mailto:TLAdmin@philapark.org)

PPA ONLY - RECEIVED STAMP

**FORM PRT-2 “VEHICLE NUMBERING” REQUEST**  
**PARTIAL-RIGHTS TAXICABS**

1. This form shall be filed by a partial-rights certificate holder or an applicant for a partial-rights certificate through a transfer of its intention to use a new identification number for a partial-rights taxicab and/or for a new CPC number.
2. This request may be denied if it is determined that the requested partial-rights taxicab number assignment may lead to regulatory or public confusion.
3. Partial-rights taxicabs must be identified by a unique sequential numbering system beginning with a letter and then a sequential sequence of numbers beginning with the number 1. For example, the first taxicab shall be numbered “A-1”, “A-2” for the second vehicle and so forth, continuing according to that sequence until each taxicab is issued a unique number.

\_\_\_\_\_  
Certificate Holder/Applicant

\_\_\_\_\_  
PPA CPC No./Application No.

Check One:

**Existing Partial-Rights CPC Holder**

**Partial-Rights Applicant through Transfer**

\_\_\_\_\_  
Name of Dispatcher that will be marked on Partial-Rights Taxicabs

Dispatcher Telephone Number: \_\_\_\_\_

<p align="center"><b>CURRENT NUMBERING</b> (Includes a Seller’s Numbering Prior to Transfer)</p>	
<p align="center"><b>REQUESTED NUMBERING</b> (If an Applicant intends to use the same numbering as the Seller, please indicate “Same”)</p>	

Submitted By: \_\_\_\_\_

Print Name (Must be an Authorized Person of the CPC Holder/Applicant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date