



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

DATE STAMP

Medallion Renewal

2017 Medallion Taxicab Certificate Annual Information Filing

- This Medallion Renewal Form must be completed along with all supporting documentation outlined within this form no later than February 15, 2016. Incomplete filings will not be accepted.
- Failure to file this form by the due date may result in the issuance of a penalty and/or will subject the rights to an out of service designation.
- All outstanding TLD penalties, fees, assessments, and parking/moving violations issued to the Medallion Company and each shareholder, officer, director, member, or any other person with controlling interest and key employee of the company must be satisfied before the Medallion Company's CPC annual information filing can be completed.

SECTION 1: COMPANY INFORMATION CPC No. _____ - 01

Company Name _____ Contact Person _____

1st Email Address _____ 1st Phone Number _____

2nd Email Address _____ 2nd 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 _____

SECTION 2: MEDALLION INFORMATION

Total Number of Medallions: _____

List Medallion Numbers Below (attach additional pages if more space is needed)

SECTION 3: ASSESSMENTS

Check this box if you are requesting the option to pay your annual assessment for the next fiscal year in 2 equal installments (*see* 52 PA Code § 1011.4(c)). However, a certificate will be ineligible for assessment installment payments if the certificate holder or any person having a controlling interest in the certificate holder has been subject to any of the following in the previous 2 years: (1) failed to pay an assessment to the Authority on schedule; (2) failed to begin and complete the annual rights renewal process on schedule; and (3) been subject to suspension or cancellation of any rights issued by the Authority under the act, this part or an order of the Authority. (*see* 52 PA Code § 1011.4(e)).

You must initial each item below to confirm that you have read and understand the annual assessment process and requirements in this section including the eligibility requirements above.

Assessment notices will be sent by email to all certificate holders and payment of the assessment will be due within 30 days after service of the notice. If eligible and permitted to pay the assessment in 2 equal installments, the first installment payment will be due within 30 days after service of the notice, and the second installment payment will be due on December 15th of each year.

In person appointments to make assessment payments may be scheduled for certificate holders. The scheduled appointment will become the new due date for the assessment payment. Assessment payment appointments will be emailed to those certificate holders that are scheduled for appointments.

All assessment payments will be considered late if not paid at the appointed time and date. **Rights issued by the Authority may be placed out of service at the time an assessment payment becomes late.**

SECTION 4: COMPANY OWNERSHIP INFORMATION

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

Attached to this application is a certified state-issued Criminal History Report, obtained within 30 days of filing this application, from each state in which each shareholder, officer, member, director or anyone else with controlling interest, has resided during the last 5 years.

SHAREHOLDER/OFFICER/MEMBER/DIRECTOR, etc. CONTACT INFORMATION This section must be filled out in its entirety for every person with controlling interest in the certificate holder. If a certain section is not applicable, simply mark N/A in the space provided. (attach additional pages if more space is needed)

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

HOME ADDRESS _____ **DOB** _____

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

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here

If director check here

Holds a current TLD Driver Certificate? Yes () No () If yes please provide H - _____

You must list all other certificated companies this person is also associated with (Taxi, Limo, or Dispatch)

Company name: _____ Position: _____

Company name: _____ Position: _____

Company name: _____ Position: _____

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

HOME ADDRESS _____ **DOB** _____

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

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H- _____

You must list all other certificated companies this person is also associated with (Taxi, Limo, Dispatch)

Company name: _____ Position: _____

Company name: _____ Position: _____

Company name: _____ Position: _____

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

HOME ADDRESS _____ **DOB** _____

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

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H- _____

You must list all other certificated companies this person is also associated with (Taxi, Limo, Dispatch)

Company name: _____ Position: _____

Company name: _____ Position: _____

Company name: _____ Position: _____

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

HOME ADDRESS _____ **DOB** _____

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

PHONE _____ **EMAIL ADDRESS** _____

If managing Member check here If director check here
Holds a current TLD Driver Certificate? Yes () No () If yes please provide H- _____

You must list all other certificated companies this person is also associated with (Taxi, Limo, Dispatch)

Company name: _____ Position: _____

Company name: _____ Position: _____

Company name: _____ Position: _____

SECTION 5: KEY EMPLOYEES (if applicable)

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 Certificated Medallion Company (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 is a state-issued photo identification for each key employee

Attached to this application is a certified state-issued Criminal History Report, obtained within 30 days of filing this application, from each state in which each key employee, has resided during the last 5 years.

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 6: AFFIRMATION & VERIFICATION

THIS RENEWAL FORM MUST BE SUBMITTED AND VERIFIED BY AN AUTHORIZED REPRESENTATIVE OF THE CERTIFICATED MEDALLION COMPANY.

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 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 company 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 moving violations unless under appeal.

I also verify that I understand that the TLD will not issue a TLD inspection sticker to a vehicle operating through a taxicab certificate if the review of the information required by this filing reveals information about the certificate holder that would have resulted in a denial of an initial application for the rights. Furthermore, I understand that the certificate holder is not relieved of any other penalty that may result from noncompliance nor the obligation to appear at inspections as directed by the TLD.

I further verify that pursuant to 53 Pa.C.S. § 5706, 52 Pa. Code §§ 1011.9, and 1021.2, only certified taxicab drivers may provide service.

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: Attach all TLD penalties and parking & moving violations that are outstanding.

Total Outstanding Parking Tickets \$ _____ \$ _____ Contested Enrolled in Fleet Program
 Total Outstanding TLD Penalties \$ _____ Contested (Hearing Requested)

OWNERSHIP INFORMATION: Attach all TLD penalties and parking & moving violations that are outstanding.

Pres./Member: Parking Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____ \$ _____ Contested
V.P./Member: Parking Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____ \$ _____ Contested
Sec./Member: Parking Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____ \$ _____ Contested
Treas./Member: Parking Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____ \$ _____ Contested
Key Employee: Parking Tickets \$ _____ \$ _____ Contested **TLD Penalties** \$ _____ \$ _____ Contested

COMMENTS: _____

Reviewed By: _____ **Date:** _____