



THE PHILADELPHIA PARKING AUTHORITY

Taxicab and Limousine Division

2415 S. Swanson Street

Philadelphia PA 19148

Phone: 215-683-9895

Fax: 215-683-9490

Email: TLDAdmin@philapark.org

DISPATCH ASSOCIATION MARKINGS CHANGE REQUEST

Please provide us with a detailed description of the information/markings that you wish to change, **you must also provide color photographs from all angles of the vehicle showing the new markings.** Only officers or shareholder may complete and submit this request.

This request must be accompanied with a Company Check, Money Order or Credit Card in the amount of \$500 payable to the PPA to be processed unless being submitted with a SA-1 application for new dispatcher rights. If you have any questions or need assistance please contact Michael McIlmail, Esq. at mmcilmail@philapark.org or 215-683-9637.

CPC No. _____

Company Name: _____

Physical Address: _____

Business Phone: _____ Dispatch Phone: _____

Email Address: _____

Current Markings/Colors:

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Requested Change:

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Date Effective: _____

I hereby certify that all the information provided above is current and correct.

Print Name: _____ Date: _____

Signature: _____ Position: _____