



Philadelphia Parking Authority
Taxicab & Limousine Division
TLD Administration Department
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DATE STAMP

WAV Driver Certification Application

- Please read each question carefully before answering.
- Incomplete applications will not be accepted.
- This application may be filed by a current taxicab driver or simultaneously with a DR-1 or DR-3.
- You must present your current driver's license and taxicab driver certificates, if applicable, with this application.
- False information provided by an applicant for driver certification will result in the denial of the application or cancellation of the driver's certificate if issued prior to discovery of the false information.

SECTION 1: DRIVER CERTIFICATION INFORMATION

New WAV Driver

Renewing WAV Driver

Are you an existing PPA Certified Taxicab Driver? **YES** **NO**

If yes, H- _____ Expiration Date _____

SECTION 2: IDENTIFICATION INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Driver License No. _____ State: _____ Expiration Date: _____

SECTION 3: CONTACT INFORMATION

Home Phone Number: _____ Cell Phone Number: _____

Physical Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Check here if Physical Address is the same as Mailing Address

Mailing Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Have you resided at any other address within the last 5 years: YES NO

If you answered YES, please provide the address:

Previous Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

- Check here if you wish to voluntarily provide an email address and agree to accept and receive service by PPA by email. You understand that by voluntarily registering an email address, you are required to notify the Clerk of a change of email address within 48 hours.

Email Address: _____

SECTION 4: DRIVER HISTORY

1. Have you had at least 1 year of prior Philadelphia taxicab experience completed within the immediate preceding 24-month period prior to the date of this application? YES NO
2. Has an order ever been entered against you by the PPA or PUC for any provision related to unsafe or discourteous taxicab service? YES NO
 - a. If yes, please explain the incident including but not limited to the date of the incident, which agency entered the order, docket number and any other supporting facts.
3. Have you ever had a taxicab or limousine driver certificate cancelled or revoked? YES NO
 - a. If yes, please provide the driver certificate number, date of cancellation or revocation and explain the incident that caused the cancellation or revocation of the driver certificate.
4. Have you held a taxicab driver certificate that has been suspended for any reason within the immediate 3 year period prior to the date of this application? YES NO
 - a. If yes, please provide the driver certificate number, suspension period and explain the incident that caused the suspension of the driver certificate.
5. Is there any reason that you would not be able to perform the following functions: physically able to assist in loading a wheel chair and possess the agility to properly secure same? YES NO
 - a. If yes, please provide an explanation.

SECTION 5: AFFIRMATION

You must initial each item below to affirm that you meet all of the following criteria to be eligible as a WAV certified driver.

_____ **ELIGIBILITY:** Only an Authority-certified taxicab driver with at least 1 year of driving experience may apply for WAV driver certification.

_____ **TRAINING:** WAV taxicab driver training consists of a minimum of 6 hours of in-class instruction and field training necessary to address current and evolving issues related to WAV taxicab service, including sensitivity training, safe and proper use of applicable equipment, and regulations regarding WAV taxicab service.

_____ **TESTING:** WAV applicants will be scheduled for testing conducted by the Authority at TLD Headquarters under § 1021.9 (relating to taxicab driver test) upon completion of training conducted by the Authority or upon the applicant’s submission of a certificate of completion to the Authority from an approved third-party training program.

_____ **RENEWAL REQUIREMENTS:** A WAV taxicab driver must attend a minimum of 4 hours of continuing WAV taxicab service training every 2 years.

SECTION 6: 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).

Applicant’s Signature

Date

FOR PPA USE ONLY

APPROVED

PENDING

SUBMITTED FOR REVIEW

Total Outstanding TLH Parking Violations \$ _____ \$ _____ Contested

Total Outstanding Personal Parking Violations \$ _____ \$ _____ Contested

Total Outstanding Moving Violations \$ _____ \$ _____ Contested

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

Issuance of Orders for any provision related to unsafe or discourteous taxicab service

List the docket nos. _____

COMMENTS: _____

Reviewed By: _____ **Date:** _____