

# CAPITAL REGION MEDALLION APPLICATION

## Instructions:

1. Applicant must complete the Initial Taxi Owner Application and have read a copy of the taxi ordinance, or local law of the municipality in which they are applying.
2. The applicant must supply the following information:
  - If a partnership or operating under an assumed, the applicant must file a certified copy of the certificate of partnership or assumed name.
  - If a corporation, the applicant must file the names and the addresses of all corporate officers and stockholders.
3. The applicant must show proof of insurance.
  - Certificate of Insurance, including a detailed inventory of each vehicle to be licensed by the applicant, evidencing Commercial Automobile Liability Insurance in the amount mandate by NYS.
4. For each vehicle, the applicant must submit:
  - Insurance Card
  - Verification of registration issued by the NYS Department of Motor Vehicles for use as a taxicab.
  - If the vehicle(s) is not registered to the person making this application, attach a copy of the contract or lease giving the applicant possession or control of the taxi(s).

Company Name: \_\_\_\_\_

Point of Contact \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's License Number\*: \_\_\_\_\_

Which municipality/municipalities are you applying for? \_\_\_\_\_

I am applying for a universal medallion(s). Yes \_\_\_\_ No \_\_\_\_

*\*If applying concurrently, Owner's License number may be filled in after application is submitted.*

*Questions? Visit [taxi.cdta.org](http://taxi.cdta.org) or contact your local municipality for more information.*



List all the vehicles you would like to license:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
VIN: \_\_\_\_\_ Passenger Seating Capacity: \_\_\_\_\_

*Please add additional sheets if necessary.*



In addition to the above information you must also supply:

- Valid insurance card(s) for each vehicle.
- Valid registration issued by the New York State Department of Motor Vehicles for each vehicle to be used as a taxi.
- If applicant is not the person to whom the vehicle is registered, a copy of the contract or lease agreement giving the applicant possession or control of the vehicle.
- Valid certificate of insurance showing proof of commercial automobile livery insurance including a detailed inventory of each vehicle licensed by the applicant.

I certify or declare under penalty of perjury under the laws of the State of New York that I have answered all preceding questions and that the information contained herein is true and correct. I understand that the falsification of answers given or material submitted will result in denial of this application and/or denial, suspension, or revocation of any medallions in my possession.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_