



MEDALLION LONG TERM DRIVER AFFIDAVIT

Please visit our website for more information at: www.nyc.gov/tlc, or our office at 31-00 47th Avenue, 3rd Floor, Long Island City, NY 11101 or contact our Call Center at 718-391-5501.

Medallion Number:

Unspecified Driver

Long Term Driver

You must complete one form per medallion.	<ul style="list-style-type: none"> Medallion vehicles must meet the requirements of TLC rules. Chapter 67-06 Medallion vehicles will be retired on a schedule determined by vehicle type. Chapter 67-18 Medallion owners may request retirement extensions if the vehicle qualifies. Chapter 67-19
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Fill out below only if you marked "Long Term Driver" box above.

Medallion Owner or Agent Affirmation

I, _____, affirm my understanding that by selecting Long Term Driver for the vehicle
(Print Name)
 being attached to the medallion noted above that said vehicle will receive an initial base retirement date of five years from the date it is hacked up. The additional one or two year time extensions for clean air and accessible vehicles placed into service in accordance with Rule 67-19 will be automatically added to the initial base retirement date of the vehicle. I understand that I must maintain a long term driver on said medallion for said vehicle at all times for the full term of the vehicles useful life while hacked up with the aforementioned medallion to retain the extended retirement date. The long term driver of record on the medallion must meet the qualifications and requirements as set by TLC Rules in Chapter 51 and Chapter 67.

I further understand that I may be subject to the issuance of a summons and/or a reduction in the retirement date of the vehicle attached to the medallion if I fail to comply with the long term driver requirement in accordance with TLC Rules.

I declare that the statements and information contained herein are to the best of my knowledge and belief, true and correct.

Medallion Owner or Principal of Designated Agent:

(Print your name.)

(Sign your name.)

Title: (if corporation or agent) _____

Date: ____/____/____

Agent Number(if applicable) _____

Note: This form must be notarized.

Notary Signature: _____

Date: ____/____/____

