



**REQUIREMENTS TO UPGRADE
A FOR HIRE VEHICLE (FHV) DRIVER LICENSE ISSUED AFTER 3/1/2014
TO A MEDALLION DRIVER LICENSE**

Please visit our website for more information at: www.nyc.gov/tlc.

In order to upgrade your license, you must submit all required documents listed on the checklist when the application is submitted. If you were issued your FHV license prior to 3/1/2014, you can use the form located at: www.nyc.gov/medfhvrequestform.

TLC DRIVER LICENSE REQUIREMENTS

- You must bring your TLC Driver license to submit this upgrade form.

MEDICAL EXAM REQUIREMENT

- If you have not already submitted one as part of your FHV renewal, you must provide a TLC Medical Form that has been completed and stamped by a Licensed doctor. It can not be dated more than ninety (90) days before the date you submit your application. Only original documents will be accepted. Copies, faxes and / or forms written in pencil and/or altered will NOT be accepted.

TAXI SCHOOL AND WHEELCHAIR ACCESSIBLE TRAINING

- You must complete the required course of instruction and pass the required exam at an approved taxi school.
- You must have taken the Taxicab Wheelchair Accessible Vehicle Training Course prior to submitting this application.

NOTES

- You must be a current FHV driver license holder.
- If you are renewing your license at the same time all renewal requirements must be met.
- You must have your Valid FHV Driver License to receive a Medallion Driver License.



**FORM TO UPGRADE
A FOR HIRE VEHICLE (FHV) DRIVER LICENSE TO A MEDALLION DRIVER LICENSE**

Please visit our website for more information at: www.nyc.gov/tlc.

APPLICANT INFORMATION

(Must be completely filled out)

Motorist ID Licensing State: NY NJ CT PA OTHER _____

Driver License Number: TLC License #:

Last Name:

First Name: Middle Name:

Mailing Address: Street:

Apt.# City: State: Zip. Code:

Social Security #: Date of Birth:

Cell Phone #: () Telephone #: ()

Email Address

DECLARATION OF APPLICANT

"I hereby affirm, under penalty of law, that I have examined and reviewed the information in the submitted application, including any supplemental form(s) and/or document(s) and that these document(s) and or statement(s) do not contain any untrue statement(s) nor are they missing any material information and/ or fact(s). I also acknowledge and understand that any false statement(s) submitted is punishable under the law and may result in a denial of an application or the suspension or revocation of an existing license.

Applicant's Signature

Date

Office Use Only

Taxi School

Medical Form

WAV Training

Employee Signature

Date Received



MEDICAL CERTIFICATION FORM
UPGRADE TO MEDALLION LICENSE

Please visit our website for more information at: www.nyc.gov/tlc, or contact our Call Center at 718-391-5501.

Upgrade to Medallion license applicants are required to have this form completed by a Licensed Physician.

Medical Exam Requirement

- This form must be completed, signed and stamped by a licensed physician. No other form can be used or will be accepted.
- The date of the examination cannot be more than ninety (90) days prior to the date you submit your application.
- If you have already submitted a TLC Medical Form, with your renewal requirements that is no more than ninety (90 days) you do not need to submit it again for this upgrade.

This is to certify that I have examined _____
(name of applicant)

the applicant for a NYC Taxi and Limousine Commission TLC Driver's License Renewal bearing license number, _____ on _____, and based on my examination reported herein,
(TLC license #) (date of exam)

it is my opinion that s/he:

- is medically fit to safely operate a TLC licensed vehicle.
- is not medically fit to safely operate a TLC licensed vehicle.

Medically fit means that the applicant is of sound physical condition with good eyesight and no epilepsy, vertigo, heart trouble or any other infirmity of body or mind to the extent that it would render the applicant unfit for the safe operation of a licensed vehicle at all times of the day.

Physician's Last Name, First Name

Physician's Signature

Number & Street (Mailing Address)

Physician's License #

City State Zip Code

State in which Physician is licensed

Phone# () _____ - _____



THIS FORM MUST BE VALIDATED WITH AN OFFICIAL STAMP BY PHYSICIAN.