

+1 718 391 5501 tel, www.nyc.gov/tlc

TERMINATION OF VEHICLE AFFILIATION FORM

TO:	APPLICANT LICENSING/OWNER SECTION You may either fax this form and any supporting documents to 718.391.5786 Or you may email a scanned version of this form and any supporting documents to terminate@tlc.nyc.gov			
FROM:	BASE LICENSE NUMBER:	BASE	NAME:	
	ADDRESS:			
	IF SENT BY FAX, PLEASE N	OTE NUMBER OF PAGES	S IN TOTAL, INCLUDING THIS	S FORM:
l,	please print name	, an officer of	f the above-named base, am w	riting to request that the
	imousine Commission (TLC) te g one of two forms of proof that			
	Signature	· _	Title	Date
Vehicle Ov	vner's Name	Vehicle TLC License Number	Vehicle DMV Plate Number	VIN
		Vehicle Owner Consen	ts to Termination wner/partner/corporate officer of	
hicle is no	please print name he termination of my vehicle fro longer licensed to be dispatch	om Base No hed from this base and the	I acknowledge that as TLC will be terminating the a	of the date I note below that my ffiliation in its records. In order ne application must be approved
	Signature		Title	Date
		Vehicle Owner Mailed T	ermination Notice	
	please print name	, an officer of the	e above-named base, affirm the	at the vehicle owner was
turn receip ermination	of termination of affiliation via ot requested to the address of t of Affiliation form a COPY of the of affiliation that the TLC will no	he vehicle owner which is one NOTICE MAILED AND T	on record with the TLC. We all THE RETURN RECEIPT. I un	re including with this derstand that the date of
Signature			Title	Date