



**THE PHILADELPHIA PARKING AUTHORITY**

**Taxicab and Limousine Division**

**2415 S. Swanson Street**

**Philadelphia PA 19148**

**Phone: 215-683-9895**

**Fax: 215-683-9490**

**Email: [TLDAdmin@philapark.org](mailto:TLDAdmin@philapark.org)**

**DISPATCH ASSOCIATION MARKINGS CHANGE REQUEST**

Please provide us with a detailed description of the information/markings that you wish to change, **you must also provide color photographs from all angles of the vehicle showing the new markings.** Only officers or shareholder may complete and submit this request.

This request must be accompanied with a Company Check, Money Order or Credit Card in the amount of \$500 payable to the PPA to be processed unless being submitted with a SA-1 application for new dispatcher rights. If you have any questions or need assistance please contact Michael McIlmail, Esq. at [mmcilmail@philapark.org](mailto:mmcilmail@philapark.org) or 215-683-9637.

CPC No.

Company Name:

Physical Address:

Business Phone:

Dispatch Phone:

Email Address:

**Current Markings/Colors:**

**Requested Change:**

**Date Effective:**

I hereby certify that all the information provided above is current and correct.

Print Name:

Date:

Signature:

Position: