



**Philadelphia Parking Authority**  
**Taxicab & Limousine Division**  
 2415 S. Swanson Street  
 Philadelphia PA 19148  
 215-683-9400  
[tld@philapark.org](mailto:tld@philapark.org)

RECEIVED DATE STAMP

## **2014 ALTERNATIVE REGISTRATION FORM – REMOTE CARRIERS**

<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Company Name</b>	<b>Remote Carrier CPC Number</b>	<b>PUC A-Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Company Phone Number</b>	<b>Company Email</b>	<b>Main Contact Person</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Current Insurance Company:</b> <input type="text"/>		<b>Policy #</b> <input type="text"/>	<b>Effective Date:</b> <input type="text"/>

**FILING GUIDELINES:** Please read these instructions carefully and refer to 52 Pa. Code §§ 153.42-1053.43. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING.** All questions or need for assistance shall be directed to the TLD Administration Department at (215) 683-9653 or at [TLDAdmin@philapark.org](mailto:TLDAdmin@philapark.org).

1. All Alternative Registration Forms (AR-1) must be received by the TLD no later than **April 1, 2013**.
2. A copy of all relevant Pennsylvania Public Utility Commission (PUC) certificates or registration documents must be submitted with this form.
3. The fee for every vehicle intended to be registered is \$15.00. Payment in the form of a money order or certified bank check must be submitted with this form.
4. After the TLD has reviewed this application, the Remote Carrier Certificate Holder will be contacted by email at the address listed above regarding the status of the application. **All outstanding issues, missing information, payment of fees and sticker issuance, etc. must be completed by June 30, 2013.** All Remote Carrier Registration Stickers issued during the 2012-2013 Fiscal Year will expire on June 30, 2013.
5. The Remote Carrier certificate of public convenience (CPC) will be subject to revocation if the Remote Carrier Certificate Holder fails to complete the annual registration renewal requirements.
6. The following information must be provided in the following pages: all shareholders, officers and key employees, list of vehicles intended to be registered for the 2014 fiscal year, current insurance information.
7. If a Certificate Holder does not wish to register a vehicle for the upcoming fiscal year and request to place the Rights in Voluntary Suspension status, this application still must be filed, along with adhering to all annual registration requirements. The Remote Carrier Certificate Holder will be required to file a Voluntary Suspension Application form (CPC-1) and pay the applicable fee. Please note that a certificate may not be placed in suspended status for more than one year. The CPC-1 can be found on the TLD website, [www.philapark.org](http://www.philapark.org).
8. All outstanding TLD penalties, fees, assessments and parking and moving violations issued to the Remote Carrier Certificate Holder and each shareholder, officer, director and key employee of the company must be satisfied before the CPC will be renewed.
9. Each Limousine Certificate Holder is required to submit a copy of its current PUC tariff.

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# **OWNERSHIP & OFFICER INFORMATION**

1. ALL OWNERSHIP & OFFICER INFORMATION IS REQUIRED TO BE PROVIDED
2. THE INFORMATION PROVIDED IN THIS SECTION MUST COMPLY WITH STATE LAWS CONCERNING CORPORATIONS, LLC'S, ETC. ALONG WITH ALL REGULATIONS AND ORDERS OF THE PUC.
3. EVERY OWNER & OFFICER SHALL PAY ALL ASSESSMENTS, FEES, PENALTIES & OTHER PAYMENTS DUE TO THE PPA-TLD ALONG WITH REMAINING CURRENT ON THE PAYMENT OF ALL PARKING AND MOVING VIOLATIONS UNLESS UNDER APPEAL.

**PRESIDENT/MEMBER NAME:**

**PERCENTAGE OF OWNERSHIP:**

**HOME ADDRESS:**

**CITY, STATE & ZIP:**

**PHONE:**

**EMAIL ADDRESS:**

**DOB:**

**SSN:**

If company is an LLC check here if the above is the managing Member

☐ Managing Member

**VICE-PRESIDENT/MEMBER NAME:**

**PERCENTAGE OF OWNERSHIP:**

**HOME ADDRESS:**

**CITY, STATE & ZIP:**

**PHONE:**

**EMAIL ADDRESS:**

**DOB:**

**SSN:**

If company is an LLC check here if the above is the managing Member

☐ Managing Member

**SECRETARY/MEMBER NAME:**

**PERCENTAGE OF OWNERSHIP:**

**HOME ADDRESS:**

**CITY, STATE & ZIP:**

**PHONE:**

**EMAIL ADDRESS:**

**DOB:**

**SSN:**

If company is an LLC check here if the above is the managing Member

☐ Managing Member

**TREASURER/MEMBER NAME:**

**PERCENTAGE OF OWNERSHIP:**

**HOME ADDRESS:**

**CITY, STATE & ZIP:**

**PHONE:**

**EMAIL ADDRESS:**

**DOB:**

**SSN:**

If company is an LLC check here if the above is the managing Member

☐ Managing Member

## **KEY EMPLOYEE INFORMATION**

(This page may be photocopied & used as much as necessary)

**A Key Employee is any individual who is employed in a director or department head capacity and who is empowered to make discretionary decisions that affect the operations of the Certified Remote Carrier Company**

1. IF APPLICABLE, ALL KEY EMPLOYEE INFORMATION MUST BE PROVIDED
2. EVERY KEY EMPLOYEE SHALL PAY ALL ASSESSMENTS, FEES, PENALTIES & OTHER PAYMENTS DUE TO THE PPA-TLD ALONG WITH REMAINING CURRENT ON THE PAYMENT OF ALL PARKING AND MOVING VIOLATIONS UNLESS UNDER APPEAL.

**KEY EMPLOYEE NAME:**  **POSITION:**   
**HOME ADDRESS:**  **CITY, STATE & ZIP:**   
**PHONE:**  **EMAIL ADDRESS:**  **DOB:**  **SSN:**

**KEY EMPLOYEE NAME:**  **POSITION:**   
**HOME ADDRESS:**  **CITY, STATE & ZIP:**   
**PHONE:**  **EMAIL ADDRESS:**  **DOB:**  **SSN:**

## **AFFIRMATION & VERIFICATION**

**THIS REGISTRATION FORM MUST BE SUBMITTED & VERIFIED BY AN  
AUTHORIZED PERSON FOR THE CERTIFIED LIMOUSINE COMPANY**

I, , hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

I also verify that the Remote Carrier Certificate Holder is in compliance with all regulations and orders of the PUC including insurance coverage.

I also affirm that I have read and understood all of the instructions and requirements for filing this application and completing the renewal process.

**Signature**  **Title/Position**  **Date**

**If filing electronically, you may type your name & understand that it has the same effect as submitting this application with a signature**