



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Central Dispatch Facility Application

*Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a license or could result in the suspension or revocation, if one is issued.*

### What is in this package?

This application package includes all the information and forms you will need to apply for registration as a central dispatch facility.

A completed application includes the single-sided application form, the \$200 application fee, a certification that the company is in compliance with its surcharge obligations to the Fund, and attachment A (officers and/or principals).

Central dispatch facilities are businesses. Therefore, applications are made by a business entity and must be signed by the sole proprietor, if you are applying as an individual; or by an officer of the corporation, partnership or limited liability company if the business is a corporation, partnership or limited liability company.

### What is a central dispatch facility?

Central dispatch facilities are defined under Article 6-F of the Executive Law. **Effective September 22, 1999**, central dispatch facilities — businesses that dispatch “black car operators” to pick up and discharge passengers in New York State — must become members of a not-for-profit corporation to be known as the New York Black Car Operators’ Injury Compensation Fund, Inc. (Fund). The purpose of the Fund is to administer payment of workers’ compensation to black car operators who are registered owners of a for-hire vehicle or a driver designated by such a registered owner to operate his/her for-hire vehicle and who is dispatched by a central dispatch facility.

Central dispatch facilities that are subject to any local licensing authority (e.g., NYC Taxi and Limousine Commission) must submit to that authority evidence of their membership in the Fund and registration with the Department of State as a condition for obtaining or renewing their license with the local licensing authority.

### Who is eligible for registration?

To be eligible for registration, a central dispatch facility must be able to certify that more than 90 percent of its for-hire business is on a payment basis other than direct cash payment by a passenger (e.g., by voucher); and cannot own 50 percent or more of the cars being dispatched.

Independent owners working for themselves are not covered under this law.

### What is the application fee and term of licensure?

The nonrefundable application fee for registration is \$200 and should be made payable to the Department of State. Each registration will be effective for one year.

### Where do I send the completed application package?

The collection of surcharges and the preparation of Surcharge Reports is mandatory for all central dispatch facilities that were in existence on or after October 1, 1999. Before a company may register, it must obtain from the program administrator for the Black Car Fund, Marsh USA Inc., a certification that the company is in

compliance with its surcharge obligations to the Fund. This certification must be attached to the company’s application. **Send your completed application package to the Black Car Fund at the following address:**

Marsh USA, Inc.  
Sheridan Meadows Corporate Park North  
6500 Sheridan Drive  
Suite 114  
Williamsville, NY 14221

**Important: Do not send your application package to the NYS Department of State.**

### Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver’s licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is *punishable under §175.35 of the Penal Law. It is a Class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.*

### PRIVACY NOTIFICATION

**Do I need to provide my Social Security and Federal ID numbers on the application?**

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

FOR OFFICE  
USE ONLY

UNIQUE ID

CASH NUMBER

FEE

\_\_\_\_\_

\$200



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Central Dispatch Facility Application

PLEASE PRINT OR TYPE

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ STREET ADDRESS (REQUIRED) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

FEDERAL ID NUMBER (SEE PRIVACY NOTIFICATION) \_\_\_\_\_

1. Percentage of fore-hire business that is on a payment basis other than direct cash payments by passengers ... \_\_\_\_\_
2. Percentage of for-hire vehicles owned by applicant ..... \_\_\_\_\_
3. Number of cars available for dispatch ..... \_\_\_\_\_
4. Number of operators (registered owners or designated drivers) available for dispatch ..... \_\_\_\_\_
5. Total gross revenues for preceding fiscal year ..... \_\_\_\_\_
6. Name and license number if licensed by a local authority \_\_\_\_\_
7. Names of any wholly-owned subsidiaries, which pick up or discharge passengers in New York State \_\_\_\_\_

» If you are applying as a **sole proprietor**, complete Items 1 and 2, below.

» If you are applying as a **corporation, partnership or limited liability company**, skip Item 1 and go directly to Item 2, below.

---

# Central Dispatch Facility Application

---

## 1. Child Support Statement

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreement or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

---

**2. Applicant Affirmation** - I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 6F of the Executive Law and the rules and regulations promulgated thereunder.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Title \_\_\_\_\_

---

---

## COMPLETE FOR CREDIT CARD PAYMENT

Total amount due: \$ \_\_\_\_\_

Applicant Name \_\_\_\_\_

Please charge to the following credit card:  Master Card  Visa

Credit Card No: \_\_\_\_\_ Exp. Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Print cardholder's name \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date: \_\_\_\_\_

---

**A \$20 fee will be charged for any check returned by your bank.**

It is important that you notify the Division of Licensing Services of any changes in your business address so you will receive renewal notices and other notifications pertinent to your registration.

**The \$200 nonrefundable fee should be made payable to the Department of State.**

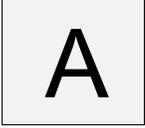
**Please be sure to include a certification that the company is in compliance with its surcharge obligations to the Fund, and Attachment A and all fees with your application form.**

**Send your completed application package to the Black Car Fund at the following address:**

Marsh USA, Inc.  
Sheridan Meadows Corporate Park North  
6500 Sheridan Drive, Suite 114  
Williamsville, NY 14221

**Important: Do not send your application package to the NYS Department of State.**

# Central Dispatch Facility Application



## Officers and/or Principals

**BUSINESS NAME** (ENTER THE APPLICANT'S BUSINESS NAME, EXACTLY AS SHOWN ON APPLICATION FORM)

» **Please photocopy this page as many times as needed to allow for entry of all primary officers and principals.**

LAST NAME	FIRST NAME	MI	SUFFIX
TITLE	CHECK ONE: <input type="checkbox"/> Officer	<input type="checkbox"/> Principal	<input type="checkbox"/> BOTH
SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS — PRIVACY NOTIFICATION)			
RESIDENCE STREET ADDRESS — A P.O. BOX MAY BE ADDED ONLY TO ENSURE DELIVERY			APT. NUMBER
CITY	STATE	ZIP + 4	COUNTY

LAST NAME	FIRST NAME	MI	SUFFIX
TITLE	CHECK ONE: <input type="checkbox"/> Officer	<input type="checkbox"/> Principal	<input type="checkbox"/> BOTH
SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS — PRIVACY NOTIFICATION)			
RESIDENCE STREET ADDRESS — A P.O. BOX MAY BE ADDED ONLY TO ENSURE DELIVERY			APT. NUMBER
CITY	STATE	ZIP + 4	COUNTY

LAST NAME	FIRST NAME	MI	SUFFIX
TITLE	CHECK ONE: <input type="checkbox"/> Officer	<input type="checkbox"/> Principal	<input type="checkbox"/> BOTH
SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS — PRIVACY NOTIFICATION)			
RESIDENCE STREET ADDRESS — A P.O. BOX MAY BE ADDED ONLY TO ENSURE DELIVERY			APT. NUMBER
CITY	STATE	ZIP + 4	COUNTY

LAST NAME	FIRST NAME	MI	SUFFIX
TITLE	CHECK ONE: <input type="checkbox"/> Officer	<input type="checkbox"/> Principal	<input type="checkbox"/> BOTH
SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS — PRIVACY NOTIFICATION)			
RESIDENCE STREET ADDRESS — A P.O. BOX MAY BE ADDED ONLY TO ENSURE DELIVERY			APT. NUMBER
CITY	STATE	ZIP + 4	COUNTY