



FLEET PROGRAM

COMMERCIAL VEHICLE INITIAL ENROLLMENT APPLICATION

Mail to: NYC Department of Finance, Fleet Program, 66 John Street, 3rd Floor, New York, NY 10038

Instructions: Use this application to enroll your company and vehicles registered or leased in the company's name and address. Upon receipt of this application, we will send you a bill listing your summonses. You will then have 30 days to resolve these summonses by: (1) paying all summonses you choose not to contest, and/or (2) scheduling hearings for summonses you to choose to contest (if eligible), and paying any of those found guilty. Provide copies of DMV registrations of ALL plates being enrolled. A lease rider is required if the plate(s) being enrolled are leased, & registered to a different owner name. If you have any questions, contact the Fleet Unit at 212.291.2577.

SECTION I - CONTACT INFORMATION

1. Applicant/Company Name: _____

2. D/B/A Name (if applicable): _____

3. Company Mailing Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

4. Company Contact Name (required): _____
FIRST NAME LAST NAME
5. Company Contact Phone Number (required): _____

6. Company E-mail Address (required): _____
7. Employer Identification No: _____

8. Broker Company Name: _____
(required if applicable)

9. Broker Contact Name (required if applicable): _____
FIRST NAME LAST NAME

10. Broker Mailing Address: _____
(required if applicable) NUMBER AND STREET CITY STATE ZIP CODE

11. Broker Telephone Number: _____
(required if applicable)
12. Broker E-mail Address: _____
(required if applicable)

SECTION II - SIGNATURE AND CERTIFICATION

NOTE: All Fleet program reports will be sent via email unless a written request for "Standard regular mail" is made on company letterhead and submitted with application.

The undersigned agrees that all plates submitted for enrollment in the Fleet Program are and will be registered with the Department of Motor Vehicles in our company's name at the business address listed in this application. If we submit plates for Fleet enrollment which are not registered to our name and address, such plates may be dropped from the Fleet Program without prior notice, unless a lease rider has been provided. We will abide by the Fleet Program's terms and conditions and understand that failure to comply with these terms and conditions may lead to the suspension or loss of our privilege to participate in the Fleet Program.

Authorized Company's Official Signature

I certify that _____ of the company named in this document and
and I attest to the truth of these facts.
PRINT NAME/TITLE

Attesting Witness' Signature

Signed and sworn to before me

on _____, 20_____

Notary Public

Applicant/Company Name: _____ Contact Name: _____



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SECTION III - VEHICLE PLATE INFORMATION

Enter the vehicle Plate Number, State and Plate Type for each vehicle.

TRANSACTION CODES: A - ADD PLATE

TRANS CODE	PLATE NUMBER	STATE	PLATE TYPE
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**For Office Use Only
Do Not Complete**

ENROLLMENT DATE MM-DD-YY	AGENCY TYPE		
<p>DO NOT COMPLETE FOR OFFICE USE ONLY</p>			

DATE RECEIVED: