	NEW YORK CITY DEPARTMENT OF FINANCE • PROGRAM OPERATIONS DIVISION							
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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. Any outstanding parking summons debt must be satisfied prior to enrollment. Once an application is received by the Fleet unit a bill will be sent to the address provided on the application. You must provide copies of DMV registrations of **ALL** plates being enrolled. **A lease rider is required** if the plate(s) being enrolled are leased, and registered to a different owner name. If you need assistance completing forms or have any questions please contact the Fleet/Rental Unit at (212) 487-3666 or (212) 361-8240.

SECTION I - CONTACT INFORMATION

1. Applicant/Company Name:										
2. D/B/A Name (if applicable):										
3.	Company Mailing Address:									
4.	Company	NUMBER AND STREET	CITY	STATE 5. Company Bhoreo Ni	ZIP CODE Contact umber:					
6.	Company	d):FIRST NAME	LAST NAME	7. Employer						
8.	Bank Name:	-								
	Bank Mailing Address:	NUMBER AND STREET	CITY	STATE	ZIP CODE					
10.	. Broker Contact Nam	e (if applicable):	FIRST NAME							
11.	. Broker Mailing Address:	NUMBER AND STREET	CITY	LAST NAME	710.0005					
12.	. Broker Telephone Number:		CITY	STATE 13. Broker E-mail Address (require	ZIP CODE					
NC	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 NYS De- partment 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 no- tice, unless a lease rider has been provided. We will abide by the Fleet Program's terms and conditions and understand that fail- ure to comply with these terms and conditions may lead to the suspension or loss of our privilege to participate in the Fleet Program.										
				Corporate Officer's Si	gnature					
lc	ertify that	PRINT NAME	is the	PRINT TITLE Of t	ne corporation named in this	document				
and is authorized to sign the same; that this document was signed and delivered by the corporation as its voluntary act duly authorized by a proper resolution of its Board of Directors; and that the seal of the corporation has been affixed to this document; and I attest to the truth of these facts.										
A	Attesting Witness' Signature Attesting Witness' Printed Name									
Si	Signed and sworn to before me									
on	·	, 20,		Corporate Seal Here						
N	Notary Public									

Applicant/Company Name: _____ Contact Name: _____

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SECTION III - VEHICLE PLATE INFORMATION For Office Use Only											
	e vehicle Plate Number,	State and Plate	e Type for each vehicle.	Do Not Co							
	ION CODES: A - ADD PLATE										
TRANS CODE	PLATE NUMBER	STATE	PLATE TYPE	ENROLLMENT DATE MM-DD-YY	AGENCY TYPE						
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DATE RECEIVED:											