



DISTRICT OF COLUMBIA TAXICAB COMMISSION
Application for Operating Authority
Digital Dispatch Service (DDS)

SECTION 1

Legal Name of the Company_____

Trade Name of the Company_____

Address_____City_____State_____Zip Code_____

Website_____Phone_____Fax_____Tax ID # _____

Primary Contact Name_____Title_____Email _____

Customer service telephone number or email address_____

Applicant's Printed Name_____

Public Vehicle-for-Hire Dispatch and/or Payment Services (check all that apply): ☐ Taxicab - Digital Dispatch ☐ Taxicab - Digital Payment ☐ Sedan Digital Dispatch and Payment

Surcharge account payment method: ☐ Wire transfer ☐ ACH

I certify subject to the penalty of perjury that I have read the DDS Regulations in Title 31 of the D.C. Municipal Regulations and that the information on this form is true and correct. Furthermore, I certify that the Applicant owns the rights to or hold licenses to all the intellectual property used in connection with the taxicab and/or sedan services for which this application is filed. The Commission may require proof of such rights or licenses

Applicant's Signature_____Date Signed _____

SECTION 2

- On a separate sheet attach a high level architecture diagram and provide a technical description of the dispatch or digital payment solution or both as offered by the DDS including platforms, minimum hardware requirement, current version of the software, and key functionality.
- On a separate sheet describe your data accuracy measurement process and controls to ensure customers are charged the proper metered fares. Additionally, describe your process for handling over/under charging, customer, and driver complaints.
- Are you integrated with any Modern Taxi Meter System Payment Service Provider in the District of Columbia? ☐ No ☐ Yes. If, yes list the names and provide a copy of your integration agreement, if any. If you are integrated pursuant to the regulations, but do not have an integration agreement, please confirm dates/times you are available for a demonstration to DCTC.
- How often can you transmit to the DCTC, via a web services Application Program Interface key, an accurate and current inventory of vehicles and operators associated with your DDS?
☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually



DISTRICT OF COLUMBIA TAXICAB COMMISSION

2041 Martin Luther King Avenue, Suite 204 Washington, DC 20020
www.dctaxi.dc.gov (202) 645-6018, Fax (202) 889-3604

**SURETY BOND
DIGITAL DISPATCH SERVICE (DDS)**

BOND NO. _____

Know all men by these presents, that the undersigned as PRINCIPAL, with primary place of doing business at

and _____ as SURETY,
are held and firmly bound unto the District of Columbia for the use and benefit of the District and of any creditor or claimant against the principal or his agents in the principal sum of fifty thousand Dollars (\$50,000.00) for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally be these presents.

WHEREAS, the above named principal has applied to the District of Columbia Taxicab Commission for the license indicated above as provided by applicable provisions of the DC Official Code and Municipal Regulations; and is required to file a surety bond to obtain such license in the District of Columbia.

NOW, THEREFORE, the conditions, characteristics, and requirements of the foregoing obligation are defined and set forth in the DC Official Code and DC Municipal Regulations duly promulgated there under, shall apply as follows:

District of Columbia Taxicab Commission Digital Dispatch Service Title 31 District of Columbia Municipal Regulations Chapter 16. This obligation is issued under and is governed by the applicable District of Columbia laws and all regulations indicated above; duly promulgated there under for the license the principal is seeking, and the obligations of the surety shall be those therein set forth.

This bond becomes effective as of _____ 20____ in support of a DDS Certificate of Operating Authority issued to the Principal by the District of Columbia Taxicab Commission and shall remain in full force and effect while the Certificate of Operating Authority remains approved and for one (1) year thereafter. An appropriate renewal certificate in support of the operating authority may continue this obligation for subsequent years as long as the required bond amount is available for each license period covered by the bond and any renewal certificate, for the benefit of any person who has been damaged by the principal's violation of any law or regulation governing the activities covered by the license. In accordance with prescribed laws, this bond may not be canceled by either the licensee or the corporate surety except upon notice to the DC Taxicab Commission by registered or certified mail with return receipt requested, the cancellation to be effective not less than one year after receipt by the DC Taxicab Commission of such notice and only with respect to any breach of condition occurring after the effective date of such cancellation.

WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this _____ day of _____, 20_____.

Principal
By: _____

Title: _____

Surety
By: _____
Title: _____

APPLICATION FORM INSTRUCTIONS

The application form must be typed and returned to the Office of Taxicabs in person or by courier service with a self-addressed, stamped, return envelope. Below is an application checklist. All items must be included:

- Completed Application for Operating Authority (DDS) Form.
- Application fee of five hundred dollars (\$500) for a new or renewal certificate, or three hundred dollars (\$300) if the application seeks to amend an existing certificate of operating authority under DCMR Title 31 Section 1604.5
- Surety bond of fifty-thousand dollars (\$50,000) payable to the D.C. Treasurer. See bond form attached.
- Attachment A-1: High level MTS architecture diagram.
- Attachment A-2: Data accuracy and measurement process to ensure customers are charged proper meter fares.
- Attachment A-3: Copy of Integration arrangement with PSP (if any) or proof DDS is meeting the minimum requirements of DDS meets the minimum requirement for integration.
- Attachment A-4: Copy of your current Occupancy Permit if you have a bona fide administrative office in the District of Columbia.
- Attachment A-5: Current Certificate of Good-Standing and Clean Hands from the DC Department of Consumer and Regulatory Affairs (DCRA) located at 1100 4th Street SW Washington, DC 20024. Phone: (202) 442-4400 Email: dcra@dc.gov
- Attachment A-6: Business Tax Registration from the Office of the Chief Financial Officer, Office of Tax & Revenue located at 1101 4th Street SW, Suite 270W, Washington, DC 20024. Phone: (202) 727-4TAX
- Attachment A-7: address of bona fide administrative office in the District of Columbia, or the name, address, and telephone number of registered agent authorized to accept service of process.
- Attachment A-8: sample agreement/terms of service for drivers, customers, and fee schedule.