



DISTRICT OF COLUMBIA TAXICAB COMMISSION – OFFICE OF TAXICABS
Application for Approval of Modern Taximeter System (MTS)

SECTION 1

Applicant and Name of Company _____

Address _____ City _____ State _____ Zip Code _____

Website _____ Phone _____ Fax _____ Tax ID # _____

Primary Contact Name _____ Title _____ Email _____

Applicant's Printed Name _____

Surcharge account payment method: Wire transfer ACH

I CERTIFY SUBJECT TO THE PENALTIES FOR PERJURY THAT: (1) Applicant has read the Final MTS Regulations in Chapter 6 of Title 31 of the D.C. Municipal Regulations and Company will comply with them; (2) Company owns the rights to or holds licenses to all intellectual property associated with Applicant's proposed MTS; and (3) all information on this form and in the documentation submitted in support thereof is true and correct.

Applicant's Signature _____ Date Signed _____

SECTION 2

How many devices do you propose for the MTS configuration _____ List the make and model for all hardware, excluding wiring, which is part of your proposed MTS configuration. For example 1) Centrodyne Silent 620. 2) Asus 7-Inch Honeycomb Tablet, TOUGH ETBW11AAA. 3) MagTek Centurion - magnetic card reader – USB)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

SECTION 3

- Attach a high level architecture diagram or picture of your proposed MTS components
- Have you completed the PSP pre-approval testing with the Taxicab Commission Information System No Yes
- Do you currently have the capability or can you incorporate the standard Security Assertion Markup Language (SAML) communications protocols (currently version 2.0) for centrally authenticating and/or authorizing/verifying taxicab drivers prior to their logging into their in-cab PSP devices. No Yes
- Are you integrated with any digital dispatch service other than your own smart phone application for the purpose of meter data feed and payment processing? No Yes. If, yes list the names

- Is your MTS Section 508 compliant and can a blind or visually impaired passenger independently use your payment system? No Yes. If yes, attach a documentation and endorsement from a national organization for the blind or visually impaired. If no, attach documentation on your plan to meet the requirements of the MTS by June 1, 2014.

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. Please include all items:

- Completed Application for Approval of (MTS) Form.
- Application fee of one-thousand dollars (\$1,000).
- Surety bond of fifty-thousand dollars (\$50,000) payable to the D.C. Treasurer and effective while the MTS remains approved and for one (1) year thereafter from the effective date of the approval. See bond form attached.
- Attachment A-1: High level MTS architecture diagram.
- Attachment A-2: 1) Section 508 compliance documentation and endorsement from a national organization for the blind or visually impaired or 2) compliance plan.
- If a passenger console is not included in your proposed MTS, provide a plan showing that a passenger console will be incorporated not later than December 1, 2013, and that the requirement of § 603(n)(3) to incorporate a safety feature in the passenger console will be met not later than June 1, 2014.
- Attachment A-3: documentation about the forms of cashless payment that your proposed MTS would offer to passengers (including payment cards and other forms of non-cash payment such as near-field communications).
- 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 or name, address, and telephone number of registered agent authorized to accept service of process.
- Attachment A-8: customer service telephone number that you will provide for passengers and technical support telephone number (24/7) that you will provide for taxicab owners and operators.
- Attachment A-9: a sample agreement that you will use to associate with taxicab companies and independent owners.
- Attachment A -10: If the taxicab companies or independent owners using your proposed MTS will be able to associate with a dispatch service with which you are not affiliated (through common ownership or joint venture), then provide the following information and documentation: (1) Showing such dispatch service is operating in compliance with all applicable provisions of this title and other applicable laws; and (2) Explaining the forms of dispatch and/or digital payment that would be available to passengers; (3) Showing that the applicable provisions of § 408.16, § 603, § 801, and § 803 would be met when a passenger makes a digital payment.



DISTRICT OF COLUMBIA TAXICAB COMMISSION

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SURETY BOND
MODERN TAXIMETER SYSTEM PAYMENT SERVICE PROVIDER (MTS-PSP)
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 Meter Business License Title 31 District of Columbia Municipal Regulations Chapter 4, 6, 8, and 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 MTS-PSP 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: _____