



NEW YORK CITY TAXI & LIMOUSINE COMMISSION

32-02 QUEENS BOULEVARD, LONG ISLAND CITY, NY 11101
1893 RICHMOND TERRACE, STATEN ISLAND, NY 10302



212-227-6324

www.nyc.gov/taxi

MEDICAL CERTIFICATION FORM B

This is to certify that I have examined _____
the applicant for a NYC Taxi and Limousine Commission TLC Operator's License, on
_____, and based on my examination reported herein,
(date of exam)

it is my opinion that s/he:

_____ Is medically **fit** to safely operate a TLC licensed vehicle.

_____ Is medically **not fit** to safely operate a TLC licensed vehicle.

If not, list disqualifying reasons: _____

Physician's Last Name, First Name

Physician's Signature

Number & Street (Mailing Address)

Physician's License #

City or Town State Zip Code

State in which Physician is licensed

Phone # () _____

Official Stamp Required

This form must be validated with an official stamp by Physician