



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
TAXICAB COMMISSION - OFFICE OF TAXICAB**

2235 Shannon Place SE Suite 3001, Washington, D.C. 20020

Phone: 202-645-6018 Fax: 202-889-3604 Email: dctc@dc.gov Website: www.dctaxi.dc.gov

**Application for Approval of
Payment Service Provider (PSP) and Modern Taximeter System (MTS)**

SECTION 1

Name of Company _____	Merchant Account Number _____
Address _____	City _____ State _____ Zip Code _____
Website _____	Phone _____ Fax _____ Tax ID # _____
Name of Company Owner/Operator _____	Email _____
Surcharge account payment method: <input type="checkbox"/> Wire Transfer <input type="checkbox"/> ACH	
Type of Application: <input type="checkbox"/> Existing PSP <input type="checkbox"/> New PSP	

SECTION 2

Describe and list the hardware and software components included in your proposed MTS.

SECTION 3

- Attach a high level architecture diagram or picture of your proposed MTS components.
- Does your proposed system have an open Application Programming Interface (API)? No Yes. If yes, provide the API documentation or web service as part of this application.
- Are you integrated with any digital dispatch service other than your own mobile app and DC Taxi app for dispatching?
 No Yes. List the name of digital dispatch services that your system is integrated with:

- Describe and provide a timeframe for how you will remediate any deficiencies in DCTC’s PSP audit issued on September 10, 2015. Available at www.dctaxi.dc.gov.

- Describe the features on your equipment and how drivers will be trained to identify digitally dispatched trips on your hardware and transmit such information to DCTC’s Taxicab Database Management System (TDMS)?

- Describe how your proposed MTS will work for individuals who are blind or visually impaired.

I hereby certify subject to the penalties of perjury that: (1) I have read the regulations in Chapter 4 and § 603 of Title 31 of the D.C. Municipal Regulations, (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 attached documents is true and correct.

Applicant’s Signature _____ Date _____

Applicant’s Printed Name _____

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 seven hundred dollars (\$700).
- Surety bond of one-hundred thousand dollars (\$100,000) 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: Section 508 compliance documentation and endorsement from a national organization for the blind or visually impaired.
- Demonstrate MTS includes a passenger console will be incorporated with capability to install Public Service Announcement (PSA) videos within 14 calendar days, and that the requirement of § 603(n)(3) to incorporate a safety feature in the passenger console.
- 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 current service 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 and/or Android and/or Apple Pay 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.

Important Notice: If You See Something, Say Something

Report Fraud, Waste, Abuse, and Mismanagement in the Government of the District of Columbia to the Office of Inspector General at 717 14th Street Suite 500, Washington DC 20005. **Calls are confidential.** Toll Free Hotline at 1-800-521-1649 or 202-724-TIPS (8477)
Email: hotline.oig@dc.gov Web Page: www.oig.dc.gov



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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 one hundred thousand Dollars (\$100,000.00) for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally by 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: _____