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[nyc.gov/dcwp](http://nyc.gov/dcwp)

## Certificate Recommending an Applicant for a Horse Drawn Cab Driver License

Name of Person Completing the Certificate:
Home Address:
Contact Telephone Number:

I affirm the following:

1. I am a horse drawn cab driver licensed by the New York City Department of Consumer and Worker Protection (DCWP).
2. My DCWP license number is \_\_\_\_\_.
3. I know that \_\_\_\_\_  
*Name of Horse Drawn Cab Driver License Applicant*

has completed an apprenticeship under my supervision for a period of five days. The applicant has completed the following requirements:

- a) learned the proper method of fitting a harness to a horse and hitching and unhitching a properly harnessed horse to a carriage;
  - b) rode with a licensed driver for the first three days to observe proper handling and driving of a horse drawn cab; and
  - c) drove the horse drawn cab under the licensed driver's supervision for the last two days of the apprenticeship.
4. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*