



City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608
312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · CHICAGO.GOV/BACP

WAV Taxicab Extension Request Form

A Taxicab Medallion License Holder with a wheelchair accessible vehicle (WAV) taxicab may request an extension for vehicle replacement using this form. Requests must be made at least 4 months prior to the scheduled replacement date. Submit this request form via email to BACPPV@CITYOFCHICAGO.ORG. As an alternative to e-mail, the form may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1st floor, Chicago, IL, 60608. Write "Attn: WAV Taxicab Extension Request" in e-mail subject line or on the delivery envelope.

RULE TX3.02(c) of the Taxicab Medallion License Holder Rules and Regulations states:
Pursuant to MCC 9-12-070(f), the medallion licensees with wheelchair accessible vehicle (WAV) taxicabs may apply to extend the use of a WAV taxicab that is fit for public use.

Subsections 4 and 5 of RULE TX3.02(c) state:

4. In determining whether an aged out WAV taxicab vehicle is fit for public use, the Commissioner shall give consideration to (a) the safety, health, comfort and convenience of drivers and passengers, (b) the WAV's inspection history, and (c) the WAV's public appearance on the streets of the City.
5. The Commissioner may consider the medallion licensee's dedication to serving passengers that use wheelchairs by denying an extension under these rules to a medallion licensee that has a history of complaints indicating refusal of service calls for use of a WAV taxicab.

Name of Person Completing this form: _____

Company or Individual License Holder Name: _____

IRIS Account Number: _____ **MEDALLION NUMBER:** _____

Currently scheduled vehicle change of equipment (COE) date: _____

Contact Phone Number: _(_____) _____

Contact E-Mail Address: _____

I affirm that all the information and statements made on this form are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me on this application (intentional or unintentional) will result in the denial of my request. Under penalties as provided by law, including, but not limited to, Chapter 1-21 of the MCC, I certify that the above statements are true and correct.

SIGNATURE: _____

PRINT NAME: _____

TITLE or RELATIONSHIP WITH LICENSE HOLDER: _____

DATE: _____

BACP USE ONLY: Approved _____ New COE Date & Time: _____

Denial Reason: _____ Staff Name/Date: _____