



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/PublicVehicles

WAV TAXI DRIVER LEASE SUBSIDY REQUEST (January 2, 2024)

FOLLOW INSTRUCTIONS: Missing/Incomplete information & documents will result in Delay/Denial

- This subsidy is limited to taxi chauffeurs who PAY MONEY to lease wheelchair accessible vehicle (WAV) taxis. To qualify for this subsidy, a WAV taxi chauffeur: (1) must have a Chicago taxi chauffeur license in good standing; (2) must be in compliance with all City of Chicago laws, including debt compliance; (3) **must complete a minimum of 40 Centralized WAV Taxi Dispatch (CURB) Trips per month** starting August 1, 2023; and (4) has not received or his/her spouse, parent or child has not received any funds for the purchase of a WAV taxi or WAV taxi maintenance subsidy as individuals or as officers/owners on behalf of a taxi medallion license holder.
- One form must be completed and submitted per month of lease agreements. Requests for subsidy must be submitted on a **monthly** basis. Examples: In December, submit a request for all paid November WAV taxi leases. In January, submit a request for December paid WAV taxi leases.
- Each 12-hour daily lease can qualify for a \$25.00 subsidy and each 24-hour lease can qualify for a \$50.00 subsidy.
- WAV Taxi Chauffeur Licensee must submit this completed form (one form per month of leases) to BACPPV@CITYOFCHICAGO.ORG to request eligible incentive subsidies for leasing a WAV taxicab. Write "Attn: WAV Taxi Driver Lease Subsidy" in the e-mail subject line or on the delivery envelope. Alternative to e-mail, forms and documents may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1st floor, Chicago, IL, 60608. **ALL REQUESTS MUST BE SUBMITTED WITHIN 6 MONTHS OF THE LEASE DATE TO BE ELIGIBLE FOR REIMBURSEMENT.** Example: January 2023 leases must be submitted no later than July 2023. You may submit your applications on a monthly basis however after 6 months your application will be denied.

WAV TAXI CHAUFFEUR LESSEE INFORMATION

First and Last Name: _____

Chauffeur License #: _____ License # of WAV Taxi(s) Leased: _____

Month & Year of Lease: _____ # of Trips Performed on CURB for Month: _____

12-Hour or 24-Hour Lease: _____ Total Dollar Amount Requested: \$ _____

SIGNATURE AND AFFIRMATION INFORMATION

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me on this subsidy application or attachments (intentional or unintentional) may result in the denial of the request submitted and/or applicable penalties; including, but not limited to, revocation of the taxicab chauffeur license listed on this reimbursement form. 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.

Email address: _____ Primary Phone Number: _____

Applicant/Chauffeur Licensee Signature: _____

Print name: _____ Date signed _____

Mailing address: _____
(street address, unit#, city, state, zip code) – **Check will be mailed to listed address**

***** SECTION BELOW RESERVED FOR BACP STAFF *****

Date: _____ Decision by: _____ (Name/Title)

Approved Amount: \$ _____ If Denied, Why?: _____