



**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](mailto:BACPPV@CITYOFCHICAGO.ORG) · [CHICAGO.GOV/BACP](http://CHICAGO.GOV/BACP)

**WAV TAXI ONBOARDING SUBSIDY PRE-APPROVAL REQUEST (Step 1 of 2)**  
*v.2020April9*

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

- Taxicab Medallion Licensee must submit this completed form with supporting documents to [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) to request eligible incentive subsidies for onboarding a wheelchair accessible vehicle (WAV) taxicab. Alternative to e-mail, forms and documents may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1<sup>st</sup> floor, Chicago, IL, 60608. Write "Attn: WAV Taxi Onboarding Subsidy" in e-mail subject line or on the delivery envelope.
- Please refer to BACP's Web site for detailed rules and requirements governing this program: [chicago.gov/bacp](http://chicago.gov/bacp)
- A taxi medallion license holder eligible for WAV Taxi Subsidy funding must be in good standing with the City of Chicago and BACP, including compliance with all City of Chicago laws, as well as City of Chicago debt compliance.
- The wheelchair accessible vehicle must be *new*, as defined by Rule TX7.07(f) of the Taxicab Medallion License Holder Rules.
- Taxicab Medallion License Holder Rules mandate City of Chicago WAV taxis be side-entry/curb-entry.
- Refer to Section VII of the Taxicab Medallion License Holder Rules and Regulations for the rules governing this fund and wheelchair accessible vehicle (WAV) requirements.
- Vehicle owner must be either the Medallion License Holder or designated BACP licensed, license manager. Leased vehicles only accepted if owner is contractually obligated to buy vehicle from corporate lessor.
- A WAV taxicab is considered placed into service on the date it passes a vehicle inspection at BACP's inspection facility. Funds will not be disbursed until the vehicle passes the inspection.
- Taxicab Medallion Licensee granted Accessibility Fund subsidy to onboard a WAV taxicab must keep the subsidized taxicab a WAV for a minimum of seven years unless the vehicle is deemed unfit for public service by BACP.

List the TAXICAB MEDALLION license number for which WAV Funding is sought: \_\_\_\_\_TX.

Type of WAV Taxi Onboarding Subsidy Funding Requested (Check A or B)

\_\_\_ **A. MANUFACTURED WAV.** Partial funding for a "new" (refer to Rule TX7.07(f)) factory manufactured WAV as a taxicab. Maximum reimbursement is \$25,000 until 4.6.2020. on and after that date is \$35,000.

\_\_\_ **B. CONVERTED WAV.** Reimbursement towards the actual cost of post-manufacture mechanical conversion/modification of a "new" (refer to Rule TX7.07(f)) vehicle to a WAV as a taxicab. Maximum reimbursement is \$20,000 until 4.6.2020, on and after that date is \$25,000.

I own or control \_\_\_\_\_ number of medallions. I currently have \_\_\_\_\_ number of WAV taxicabs licensed by BACP. I still need \_\_\_\_\_ (number of WAVs) to be in compliance with MCC 9-12-570 (b)(2).

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Number of Cylinders: \_\_\_\_\_

VIN Number: \_\_\_\_\_ Side Entry WAV access? (yes or no): \_\_\_\_\_

Model Year: \_\_\_\_\_ Fuel Source: \_\_\_\_\_, If CNG, does it have a heated regulator? \_\_\_\_\_

Mileage: \_\_\_\_\_ Vehicle Meets all WAV Requirements in rules and 9-112 MCC? \_\_\_\_\_ (yes or no)

Is/Was this vehicle ever on another medallion license?: \_\_\_\_\_ (Yes or No) If Yes, list medallion number: \_\_\_\_\_TX

Dealership Name: \_\_\_\_\_ Dealership Contact: \_\_\_\_\_

Dealership Phone Number: \_\_\_\_\_

Medallion License Holder Individual Name: \_\_\_\_\_

Medallion License Holder Company Name: \_\_\_\_\_

Name of Person Completing this form: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Title or Relationship with License Holder: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**I understand these Requirements and will comply with all City mandated Requirements :**

\_\_\_\_\_  
*(Signature)*

\*\*\*\*\* **SECTION BELOW MUST BE COMPLETED BY BACP STAFF** \*\*\*\*\*

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_  
NAME & TITLE

Date of Decision: \_\_\_\_\_ Date Licensee Notified: \_\_\_\_\_ If Denied, Why?: \_\_\_\_\_

# WAV TAXI ONBOARDING SUBSIDY PRE-APPROVAL REQUEST (Step 2 of 2) v.2020April19

- Taxicab Medallion Licensee must submit this completed form with supporting documents to [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) to request eligible incentive subsidies for onboarding a wheelchair accessible vehicle (WAV) taxicab. Alternative to e-mail, forms and documents may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1<sup>st</sup> floor, Chicago, IL, 60608. Write "Attn: WAV Taxi Onboarding Subsidy" in e-mail subject line or on the delivery envelope.
- Eligible licensee must be in good standing with the City of Chicago and BACP, including compliance with all City of Chicago laws, as well as City of Chicago debt compliance.
- **IMPORTANT:** WAV taxicab must pass inspection at the BACP testing facility within four months from the date of approval on this request. Funds will be disbursed only after this vehicle passes the BACP inspection. If money is awarded pursuant to this request, you must keep this WAV vehicle on the above referenced taxicab license for the life of the vehicle. If you fail to meet all requirements, you must reimburse the City for any amount received.

## SUBMIT FOLLOWING: Missing/Incomplete information & documents will result in Delay/Denial

1. Attach copy of vehicle's title, vehicle history report, bill of sale, and proof of payment associated with the vehicle purchase. If applicable, submit an itemized conversion invoice with the specific price for the WAV conversion listed on the dealership paperwork.
2. Attach proof of registration with the Centralized WAV Taxicab Dispatch Service provider.
3. Attach letter of Good Standing from all Lienholders on your medallion license and this vehicle (if any).

### Amount of WAV Funding sought (Check A or B)

**A. MANUFACTURED WAV.** Partial funding for a "new" (refer to Rule TX7.07(f)) factory-manufactured wheelchair accessible vehicle. Maximum reimbursement is \$25,000 until 4.6.2020, on and after that date is \$35,000. Total paid for vehicle was \$\_\_\_\_\_. Attach copy of vehicle title, itemized bill of sale, receipts and proof of payment associated with the purchase of vehicle.

**B. CONVERTED WAV.** Reimbursement towards the actual cost of post-manufacture mechanical conversion/modification of a "new" (refer to Rule TX7.07(f)) vehicle to a wheelchair accessible vehicle as a taxicab. Maximum reimbursement is \$20,000 until 4.6.2020 on and after that date is \$25,000. Total paid to have this vehicle converted by an authorized WAV conversion company was \$\_\_\_\_\_. Attach copy of vehicle title, bill of sale, itemized conversion work order/invoice that shows detailed cost for the conversion, any receipts and proof of payment associated with the WAV conversion and purchase of this vehicle.

Medallion Number: \_\_\_\_\_ TX Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Model Year: \_\_\_\_\_ Fuel Source: \_\_\_\_\_ Mileage: \_\_\_\_\_

Date Vehicle Purchased: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ VIN Number: \_\_\_\_\_  
Month Day Year

Name of Company that did WAV Conversion: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number for Conversion Company: \_\_\_\_\_ Address: \_\_\_\_\_

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

APPLICANT/LICENSEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINT RECIPIENT NAME : \_\_\_\_\_ (Payee to be listed on the Check)

RECIPIENT'S RELATIONSHIP TO LICENSEE: \_\_\_\_\_ RECIPIENT EIN: \_\_\_\_\_

RECIPIENT ADDRESS ON CHECK: \_\_\_\_\_ (Check will be mailed)

\*\*\*\*\* SECTION BELOW MUST BE COMPLETED BY BACP STAFF \*\*\*\*\*

Date: \_\_\_\_\_ Decision by: \_\_\_\_\_ (Name/Title)

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