



City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608
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WAV TAXI VEHICLE MAINTENANCE SUBSIDY REQUEST APPLICATION

(Page 1 of 3) August 1, 2023

FOLLOW INSTRUCTIONS: Incomplete or Incorrect Applications will be denied.

Wheelchair Accessible Vehicle (WAV) Taxi License Holders applying for the annual WAV tax maintenance subsidy must (1) be in compliance with all City of Chicago laws; and (2) **must complete a minimum of 20 Centralized WAV Taxi Dispatch (CURB) trips each month** starting August 1, 2023. The maximum reimbursement for eligible annual vehicle and ramp maintenance expenses is \$9,000 per WAV taxi vehicle. Submit the completed application no later than April 1st of the following year. Updates to BACP’s WAV tax incentive subsidy programs are at Chicago.gov/PublicVehicles. Send questions to BACPPV@cityofchicago.org.

You must schedule an intake appointment for BACP staff to review subsidy requests. [Click here to schedule an intake appointment.](#) WAV Taxi Subsidy appointment scheduling link is posted on the [Chicago Wheelchair Accessible Taxicabs \(WAV\) webpage](#) at Chicago.gov/PublicVehicles.

Itemized receipts must be dated within the calendar year and be issued from a licensed repair facility or authorized service center. Service must have been performed on the WAV taxi vehicle for which the subsidy is being requested. All in-house facilities performing services on a WAV taxi vehicle are also required to submit receipts and/or invoices as referenced below. These must also contain the name and contact number of the individual who performed the work.

➤ **Itemized receipts and invoices MUST include the following details:**

✓ Date of service	✓ Description of work performed	✓ Price paid for labor
✓ Repair shop information: (Name/Address/Phone Number/License#/Contact Person)	✓ List of parts	✓ Sales tax (if applicable)
✓ Vehicle information: (Make/Model/Mileage/VIN#/Plate#)	✓ Price paid for parts	✓ Total price paid

➤ **Only the following items are eligible:**

Routine maintenance as detailed by vehicle manufacturer	Repairs and maintenance to equipment installed on WAV Taxi	Non-Routine/Unscheduled Repairs
<ul style="list-style-type: none"> •Oil Change •Vehicle Fluids •Filters •Drive or Timing Belts •Tire rotations •Annual Tires •Hoses •Lights •Brakes •Tune Ups •Chassis Lubrication •Windshield Wipers 	<ul style="list-style-type: none"> •Ramp •Hinges •Wiring •Tie-downs •Doors •Kneel system •Motors 	<ul style="list-style-type: none"> • Other repairs to the vehicle not covered by the manufacturer warranty necessary for the operation of the vehicle. These requests will be evaluated on a per case basis. See BACP staff for details.

Items not included in the list above must be pre-approved by BACP prior to application.

- **Use a separate application form for each WAV taxicab vehicle. Only pages 2 and 3 should be submitted to BACP.**
- **The “License Holder Name” is the name printed on the front of the WAV Taxi Hard Card.**

WAV TAXI VEHICLE MAINTENANCE SUBSIDY REQUEST APPLICATION

(Page 2 of 3) – August 1, 2023

INFORMATION & SUBSIDY REQUEST FORM – **Submit separate form for each WAV Taxi**

Request for WAV Taxi Maintenance Expenses in _____ (year) for Taxi Medallion License# _____ **TX**

Taxi Medallion License Holder Name: _____

Print as listed on the FRONT of the Hard Card. Check will be made payable to name listed above, unless License MANAGER submitting request is listed.

Check here if Taxi Medallion License MANAGER submitting request and to request check be made payable to License MANAGER: _____

List the Mailing Address where check should be mailed (street address, apartment or unit#, city, state, zip code):

Requestor's FEIN/Federal Tax ID#: _____

E-Mail: _____ Phone#: _____

Current Vehicle Mileage: _____ Total Dollar Amount Requested: _____

REQUIRED INFORMATION (CHECK THE BOX FOR EACH ITEM INCLUDED)

- | |
|--|
| <input type="checkbox"/> 1. Timely completed, signed, and dated current WAV Taxicab Maintenance Subsidy application form (Chicago.gov/PublicVehicles) |
| <input type="checkbox"/> 2. Taxi Medallion License is in Good Standing with BACP |
| <input type="checkbox"/> 3. Current vehicle registration with the Illinois Secretary of State (ilsos.gov) |
| <input type="checkbox"/> 4. Letter from CURB demonstrating a minimum of 20/month Centralized WAV Taxi Dispatch trips |
| <input type="checkbox"/> 5. List of WAV Taxi Vehicle Maintenance and Repairs (see page 3 of this packet) |
| <input type="checkbox"/> 6. Itemized receipts/invoices which include the motor repair shop's name and address; date of repair sale/service; WAV taxi VIN#; WAV taxi license plate#; WAV taxi odometer/mileage in and out; specific type of part(s) used or service(s) performed; and dollar amount paid. |

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 I must comply with the requirements listed in this document and applicable laws.
- I understand that any misstatements, inaccuracies and/or omissions made by me on this 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 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.

Print Name of Individual Completing this Form: _____

Relationship to Taxi Medallion or Manager Licensee: _____

Signature of Individual Completing this Form: _____

Date Signed: _____

WAV TAXI VEHICLE MAINTENANCE SUBSIDY REQUEST APPLICATION: LIST OF REPAIRS AND SERVICES

(Page 3 of 3) – August 1, 2023

Taxi Medallion License# _____ **TX**

License Holder Name: _____

"License Holder Name" is printed on the front of the WAV Taxi Hard Card

Complete one line per submitted receipt. Applications must be submitted with copies of receipts from licensed motor vehicle repair shop(s). BACP reserves the right to request and review original receipt(s).

	Date of Service/Repair	Name of Store/Shop	Describe Service, Repair or Part	Amount Paid for Service/Repair/Part
1.				
2.				
3.				
4.				
5.				

Total: \$ _____

Name of Individual Completing this Form: _____ Relationship to License Holder: _____

E-Mail: _____ Phone#: _____

Signature of Individual Completing this Form: _____ Date: _____

(This form may be duplicated as many times as is needed.)