



# 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)

### TAXI WAV SUBSIDY VOUCHER PROGRAM APPLICATION

-Approved Vendors Must Submit Completed Application Form- v.2020April17

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

- To support the increase of City of Chicago’s wheelchair accessible vehicle (WAV) taxicab fleet, the Department of Business Affairs and Consumer Protection (BACP) is providing incentive funding through the **Taxi WAV Subsidy Voucher Program (“Program”)**. The Program provides incentives toward the purchase of an eligible “factory-built” WAV or the cost of “WAV conversion” of a conventional vehicle by a City-approved taxi conversion company.
  - A factory-built (vehicle manufactured originally as a WAV) WAV is eligible for up to a \$35,000 subsidy if vehicle is purchased on or after April 6, 2020. A factory-built WAV purchased before April 6, 2020 continues to be eligible for up to a \$25,000 subsidy.
  - A converted (post-manufacture mechanical conversion/modification of a new vehicle) WAV is eligible for up to a \$25,000 subsidy if vehicle is converted or transferred on or after April 6, 2020. Vehicles converted or transferred to WAV before April 6, 2020 continue to be eligible for up to a \$20,000 subsidy.
- Please refer to BACP’s Web site for detailed rules and requirements governing this program and a list of approved WAV Taxi Subsidy Voucher Program Vendors: [chicago.gov/bacp](http://chicago.gov/bacp)
- A taxi medallion licensee eligible for WAV Taxi Subsidy funding must be in good standing with the City of Chicago and BACP, including compliance with all City laws, as well as City debt compliance.
- The wheelchair accessible vehicle must be NEW, as defined by Rule TX7.07(f) of the Taxicab Medallion License Holder Rules. The Rules also mandate City of Chicago WAV taxis be side-entry/curb-entry.
- Taxicab medallion licensee granted Accessibility Fund subsidy to onboard a WAV taxicab must keep the subsidized taxicab a WAV for a minimum of 7 years unless the vehicle is deemed unfit for service by BACP.
- Attach all purchase orders, invoices, receipts, and/or quotes for the vehicle purchase or vehicle conversion to this application. For vehicle conversions, include a detailed invoice with breakdown of all costs related to conversion. Application which does not include proof of vehicle cost or conversion costs will be rejected.

#### -Vehicle Purchaser/Taxicab Medallion License Holder Information-

The applicant is (check one):  MEDALLION LICENSE HOLDER or  MEDALLION LICENSE MANAGER

Medallion Number:

TX
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Medallion Licensee Name :

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Applicant Name:

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Applicant Company Name:

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Applicant Mailing Address:

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City & State:

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Zip Code

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Applicant’s E-mail:

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Phone:

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**- Approved Voucher Vendor Information-**

Vendor Company Name:	
Contact Name:	
E-mail:	
Phone:	

**- Vehicle and Conversion Information-**

The WAV is (check one):  **FACTORY-BUILT - \$25,000 until 4.6.2020 or on and after that date is \$35,000**  
 **POST-MANUFACTURE CONVERSION - \$20,000 until 4.6.2020 or on and after that date is \$25,000**

Vehicle Manufacturer/Make:		
Vehicle Model:		
Vehicle Model Year:		
Vehicle Mileage:		
Vehicle VIN:		
Cost of Vehicle:	\$	
Cost of WAV Conversion:	\$	

**Please provide a signature below to authorize the submission of this voucher request.**

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**Vendor Signature**

**Date**

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**Vendor Print Name**

**Title**

**Vendor Terms and Conditions**

- 1 The factory-built WAV or conversion WAV information identified on this WAV Taxi Voucher Program Application form is true and accurate.
- 2 I agree to protect, indemnify and hold harmless the City of Chicago from and against all liabilities, losses, claims, damages, judgments, penalties, causes of action, costs, and expenses (including, without limitation, attorneys' fees and expenses) imposed upon or incurred by or asserted against the City of Chicago resulting from, arising out of, or relating to the Vendor's participation in the Voucher Program, including without limitation, Vendor's sales of vehicles in association therewith. The obligations of the Vendor under this Article shall survive any expiration or termination of this Agreement.

3 I understand and acknowledge that this WAV Taxi Voucher Program Application form is only valid for the specific Purchaser and vehicle identified in the accompanying WAV Taxi Voucher Program Application form, and that any voucher provided based on this voucher request will be null and void if the Purchaser and vehicle identified herein change prior to voucher redemption or for noncompliance with any applicable Program requirements.

***The individual signing this document hereby certifies, under penalty of perjury, that he or she has been duly authorized by the Vendor to execute this document on its behalf.***

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 payment 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.

Authorized Representative and Title: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

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

Submit complete application and all signed documents along with all receipts and invoices to:

Taxi WAV Subsidy Voucher Program

c/o Department of Business Affairs and Consumer Protection

Public Vehicle Operations Division, 2350 W. Ogden Avenue, First Floor

Chicago, IL 60608

**Email:** [BACPPV@CITYOFCHICAGO.ORG](mailto:BACPPV@CITYOFCHICAGO.ORG) (E-mail submission is preferred)

**SECTION RESERVED FOR BACP STAFF**

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_ Voucher Approved Amount \$: \_\_\_\_\_  
NAME & TITLE

Date of Decision: \_\_\_\_\_ Date Licensee Notified: \_\_\_\_\_

Denied By: \_\_\_\_\_  
NAME & TITLE

If Denied, list reason here: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_