

## CHANGE OF EQUIPMENT FORM

## PLEASE SUBMIT ORIGINAL DOCUMENTS OR, WHERE NOTED, LEGIBLE COPIES Fax copies are not acceptable

License #:	Type:			
	ta	axi, livery, med	icar, ambulance, cha	arter/sightseeing
Licensee Name (Co. Name	):			
Business Address:				
City, State, Zip Code:				
Telephone:				
Vehicle must meet	the requiren	nents as o	outlined in th	ne City of Chicago
	Municipal co	odes 9-11	2 and 4-68	
Replacement Vehicle Infor	mation: Year:	Make:	Mo	odel:
Vehicle Identification Num	ıber:			
Current Odometer Reading	g:			
Has there ever been any re	epair to the odon	neter?	(yes or no)	
If YES, you MUST submit a	certified odome	ter repair st	atement with rec	eipt and submit an
Odometer Affidavit.				
Has the vehicle ever been	titled as a "Not A	ctual Milea	ge" vehicle in any	y jurisdiction?(yes
/ no)				
METER Information: Ma	ke	S	erial #	
Safety Feature: Shield		Camera		Exempt
CAMERA Information: N	lake		Serial #	
Vehicle Type: Minivan Wheelbase			•	• •

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1 Certificate of Title or Origin (originals only); include a lease agreement (if applicabl with a December 31 <sup>st</sup> expiration date	)
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2 Bill of Sale (paid in full) or vehicle loan contract (originals only)	
3 Vehicle History Report	
4 Taxicab Safety Feature Compliance Form:	
a) For <u>Camera</u> – installation print-out must be attached.	
b) For Exempt - affidavits (sole owner & workers' compensation) must be attached.	
5 Meter Replacement Form, if applicable (\$25.00 fee will apply)	
6 Insurance Certificate (original only)	
7 City Sticker and Receipt (copies only)	
8 Financial Responsibility Affidavit	
9 Vehicle Replacement Fee: \$50.00 Ambulance \$25.00 All Others	
10 Medicars – Is the vehicle wheelchair accessible? Circle one: YES NO	
11 All Licensees except taxicabs- Illinois Department of Transportation (IDOT) inspect	on:
dated within the previous 6 months.	
12 All Licensees – Enter Vehicle color:	
*Liveries only: Acceptable colors include: Black, Dark Blue all other colors must be	
approved by the commissioner.	
13 Liveries /Charter/Sightseeing- Hard Card (additional requirements for stretch vehic	es
include: modification certification. Note: Vehicles in excess of 120" are not acceptal	le for
livery licensing. Vehicle length in inches: Passenger Capacity:	
14 Ambulances (additional requirements):	
a. State of Illinois / Dept. of Health- Vehicle inspection (most current / passed)	
b. City of Chicago / Dept. of Fire- Vehicle Radio Inspection (most current / passed)	
Signature Owner 🗆 Officer 🗆 Lic. Mgr	
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<b>1-21-010 False Statements</b> . Any person who knowingly makes a false statement of material fact to the city may	e

1-21-010 False Statements. Any person who knowingly makes a false statement of material fact to the city may be subject to fines and penalties.
1-21-020 Aiding and Abetting. Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation.
1-21-030 Enforcement. In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings.

## NOTE: YOU MUST PRESENT THE MEDALLION <u>AND</u> HARD CARD TO THE PUBLIC VEHICLE TESTING FACILITY ON THE ASSIGNED INSPECTION DATE & TIME.

Office Use Only Completed by:

Version 10-15-11