

# **2013 Taxicab Driver Excellence Award**Nomination Form

Please complete and submit this form to nominate a wheelchair accessible vehicle (WAV) taxicab driver for the 2013 Taxicab Driver Excellence Award. This completed form must be received by the Department of Business Affairs and Consumer Protection (BACP) by 3:00 PM on December 31, 2013. This form may be printed out and completed by hand or may be completed directly on a computer.

### By Mail:

"Attn: Taxicab Driver Excellence Award" BACP – Public Vehicle Operations Division, 2350 W. Ogden Ave., First Floor, Chicago, IL 60608

# By Email:

In subject line, state "Taxicab Driver Excellence Award" and email to <a href="mailto-background-color: BACPPV@cityofchicago.org">BACPPV@cityofchicago.org</a>

## In Person:

BACP – Public Vehicle Operations Division, 2350 W. Ogden Ave., 1<sup>st</sup> Floor, Chicago, Illinois, 60608 OR BACP - Administrative Offices, City Hall – Room 805, 121 N. LaSalle St., Chicago, IL 60602

Nominees must meet the following minimum eligibility requirements to be considered for the Taxicab Driver Excellence Award:

- 1. Nominees must hold a valid City of Chicago Public Chauffeur license.
- 2. Nominees must be in compliance with all City laws.
- 3. Nominees must have been driving a Chicago licensed taxicab for at least three consecutive years prior to nomination.
- 4. Nominees must have been driving a Chicago licensed wheelchair accessible vehicle taxicab for at least 250 days within the last 12 consecutive months servicing passengers using wheelchairs at least two times for every twelve hour shift worked.
- 5. Nominees may not nominate themselves or be nominated by a family member, medallion licensee, affiliations or medallion license manager.

| Your Name:            |           |
|-----------------------|-----------|
| Your Address:         |           |
| Your E-mail Address:  | ·         |
| Your Phone Number: () | ()        |
| Primary               | Secondary |



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| Taxicab Driver Nominee's Name:  |  |
|---|--|
| Nominee's Chauffeur License Number:   |  |
| Taxicab Number (if known): Taxicab Company/Affiliation (if known):                      |  |
| For the following, please attach additional sheets if needed.                           |  |
| Describe how you know the nominee and for how long:                                     |  |
|   |  |
|   |  |
| Describe why nominee deserves to win this award:  |  |
|   |  |
|   |  |
| Describe specific examples how the nominee provides excellent customer service:         |  |
|   |  |
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|   |  |
|   |  |
| Describe how the nominee helps to enhance taxicab service for people with disabilities: |  |
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|   |  |
| List any civic or volunteer activities in which the nominee is involved in, if known:   |  |
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|   |  |