



# WHEELCHAIR ACCESSIBLE TAXI DRIVER AWARD

The Wheelchair Accessible Taxi Driver Award highlights a taxi driver who serves Chicago’s community of people with disabilities by driving a wheelchair accessible vehicle (WAV) taxi and providing exemplary customer service to passengers. WAV taxi drivers provide a critical service for people with disabilities by increasing accessible transportation options throughout Chicago.

**Please complete and submit this form to nominate a wheelchair accessible vehicle (WAV) taxi driver for the Wheelchair Accessible Taxi Driver Award.**

This completed form must be received by the Department of Business Affairs and Consumer Protection (BACP) on or before **April 1, 2024**. This form may be printed out and completed by hand or may be completed directly on a computer. Additional nomination forms are available at [Chicago.gov/TaxiDriverAward](https://Chicago.gov/TaxiDriverAward).

**By Email (Recommended):**

In subject line, state “Wheelchair Accessible Taxi Driver Award” and email to [BACPPV@cityofchicago.org](mailto:BACPPV@cityofchicago.org)

**By Mail:**

“Attn: Wheelchair Accessible Taxi Driver Award”, BACP Public Vehicle Operations Division, 2350 W. Ogden Avenue, 1<sup>st</sup> Floor, Chicago, IL 60608

**In Person:**

BACP Public Vehicle Operations Division, 2350 W. Ogden Avenue, 1<sup>st</sup> Floor, Chicago, Illinois, 60608

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Nominees must meet the following eligibility requirements for the Wheelchair Accessible Taxi Driver Award:

1. Nominees must hold a current valid City of Chicago Taxi Chauffeur license.
2. Nominees must have 3 consecutive years of driving a Chicago-licensed taxi.
3. Nominees must have driven a Chicago-licensed wheelchair accessible taxi for majority of 2023, servicing passengers using wheelchairs.
4. Nominees may not nominate themselves or be nominated by a family member, medallion licensee, affiliation, or medallion license manager.

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**COMPLETED AND SUBMITTED BY:**

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

E-mail Address: \_\_\_\_\_

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

Address: \_\_\_\_\_



# WHEELCHAIR ACCESSIBLE TAXI DRIVER AWARD

Please complete and submit on or before April 1, 2024. Attach additional sheets if needed.

Provide information of the Wheelchair Accessible Taxi Driver who provided outstanding service to you or someone you know.

Taxi Driver Name: \_\_\_\_\_

Taxi Driver (Chauffeur) License Number: \_\_\_\_\_ Taxi Number: \_\_\_\_\_ TX

Describe the outstanding service this taxi driver provided you or someone you know:

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List examples of how this taxi driver provides excellent customer service and improves taxi service for people with disabilities:

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Describe why this taxi driver deserves to win this award:

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If known, list any civic or volunteer activities in which this taxi driver is involved:

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Please complete and submit on or before April 1, 2024. Attach additional sheets if needed.