



2020 Taxicab Driver Excellence Award Nomination Form

Please complete and submit this form to nominate a wheelchair accessible vehicle (WAV) taxicab driver for the 2020 Taxicab Driver Excellence Award. This completed form must be received by the Department of Business Affairs and Consumer Protection (BACP) on or before **April 16, 2021**. This form may be printed out and completed by hand or may be completed directly on a computer. Additional nomination forms are available at www.chicago.gov/bacp.

By Email (Recommended):

In subject line, state "Taxicab Driver Excellence Award" and email to BACPPV@cityofchicago.org

By Mail:

"Attn: Taxicab Driver Excellence Award", BACP – Public Vehicle Operations Division, 2350 W. Ogden Avenue, 1st Floor, Chicago, IL 60608

In Person:

BACP – Public Vehicle Operations Division, 2350 W. Ogden Avenue, 1st Floor, Chicago, Illinois, 60608

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

1. Nominees must hold a current valid City of Chicago Public Chauffeur license.
2. Nominees must comply with all City laws.
3. Nominees must have 3 consecutive years of driving a Chicago-licensed taxicab.
4. Nominees must have driven a Chicago-licensed wheelchair accessible taxicab for majority of 2020, servicing passengers using wheelchairs.
5. Nominees may not nominate themselves or be nominated by a family member, medallion licensee, affiliation, or medallion license manager.

COMPLETED AND SUBMITTED BY:

Name: _____

E-mail Address: _____

Phone Number: _____

Address: _____

Please complete and submit on or before April 16, 2021. Attach additional sheets if needed.

City of Chicago **Business Affairs and Consumer Protection**
Public Vehicle Operations Division

2350 W. Ogden Ave., First Floor, Chicago, IL 60608

BACPPV@cityofchicago.org ■ 312-746-4300 ■ www.chicago.gov/bacp



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Taxi Driver (Nominee) Name: _____

Taxi Driver (Nominee) Chauffeur License Number: _____ Taxi Number: _____ TX

Has the nominee provided you, or someone you know, with outstanding wheelchair accessible taxicab service? _____

Describe that service below, including who utilized the service, and indicate the approximate time period in which these services were used.

Describe why the nominee deserves to win this award:

Describe specific examples of how the nominee provides excellent customer service to wheelchair users:

Describe how the nominee helps to enhance taxicab service for people with disabilities:

If known, list any civic or volunteer activities in which the nominee is involved:

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