



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 • CHICAGO.GOV/PublicVehicles

WAV TAXICAB DRIVER LEASE SUBSIDY REQUEST (August 19, 2025)

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

- This subsidy is limited to taxi chauffeurs who PAY MONEY to lease a wheelchair accessible vehicle (WAV) taxi. To qualify for this subsidy, a WAV taxicab chauffeur: (1) must have a Chicago taxi chauffeur license in good standing; (2) must be in compliance with all City of Chicago laws, including debt compliance; (3) must complete a minimum of 40 centralized WAV Taxi Dispatch (CURB) Trips per month; and (4) has not received or his/her spouse, parent or child has not received, any funds for the purchase of a WAV taxi or WAV taxi maintenance reimbursement funds as individuals or as officers/owners on behalf of a taxicab medallion license holder.
- One form must be completed and submitted per month of lease agreements. Requests for subsidy must be submitted on a **monthly** basis. Examples: In December, submit a request for all paid November WAV taxi leases. In January, submit a request for December paid WAV taxi leases.
- Each 12-hour daily lease can qualify for a \$25.00 subsidy, and each 24-hour lease can qualify for a \$50.00 subsidy.
- Taxicab Chauffeur Licensee must submit this completed form (**one form per month of leases**) with supporting documents to BACPPV@CITYOFCHICAGO.ORG to request eligible incentive subsidies for leasing a wheelchair accessible vehicle (WAV) taxicab. Alternative to e-mail, forms and documents may be delivered to Public Vehicle Operations Division, 2350 W. Ogden, 1st floor, Chicago, IL, 60608. Write "Attn: WAV Taxicab Lease Subsidy" in e-mail subject line.
- Effective August 19, 2025, all WAV taxi lease subsidy requests must be submitted within three (3) months of the lease date. Example: August 2025 lease subsidy requests must be submitted no later than November 2025 to BACP.
- All communication about this subsidy will be sent via email. Write your email address clearly and check it regularly.

WAV TAXICAB CHAUFFEUR LESSEE INFORMATION

First and Last Name: _____

Chauffeur License # _____ License # of WAV Taxi(s) Leased: _____

Month & Year of Lease: _____ 12-Hour or 24-Hour Lease: _____

I am not an owner or officer of a corporation/company owning a Chicago Taxi Medallion License and/or my immediate family does not own the above leased taxi(s). (see above). Confirm by Initials here: _____

SIGNATURE AND AFFIRMATION INFORMATION

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me on this subsidy application or attachments (intentional or unintentional) may result in the denial of the request submitted and/or applicable penalties; including, but not limited to, **revocation** of the taxicab medallion and chauffeur license listed on this reimbursement 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.

Email address: _____ Primary Phone Number: _____

Applicant/Chauffeur Licensee Signature: _____

Print name: _____ Date signed _____

Mailing address: _____
(street address, unit#, city, state, zip code) – **Check will be mailed to listed address**

***** SECTION BELOW RESERVED FOR BACP STAFF *****

Date: _____ Decision by: _____ (Name/Title)

Approved Amount: \$ _____ If Denied, Why?: _____