



**Wheelchair Accessible Vehicle (WAV) Taxi Voucher Program**  
**Vendor Registration Form v.2020July10**

**Vendors seeking Approval Must Complete and Submit this Application**

Date Received:  
 (Internal use only)

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**Instructions**

Vendors interested in participating in the WAV Taxi Voucher Program must submit the following documents to the Department of Business Affairs and Consumer Protection (BACP):

1. Completed WAV Taxi Voucher Vendor Registration form (this form) and
2. Completed IRS W-9 Form.

Submit completed and signed form with supporting documents:

1. By email: [BACPPV@cityofchicago.org](mailto:BACPPV@cityofchicago.org) with "Attn: WAV Taxi Voucher Program Vendor Registration" in subject line OR
2. By mail or delivery: "Attn: WAV Taxi Voucher Program Vendor Registration", Public Vehicles Division, 2350 West Ogden, 1<sup>st</sup> floor, Chicago, IL, 60608.

**Vendor Applicant Information**

Company Name:		
Authorized Agent Name:	Authorized Agent Title:	
Address:		
City:	State:	Zip Code:
Email Address:		Phone:
List the FACTORY-BUILT WAV or WAV CONVERSION vehicle(s) authorized to sell:		

## WAV Taxi Voucher Vendor Terms and Conditions

1. I agree to meet and follow the requirements and responsibilities for vendor participation in the Program identified in this Agreement and will continue to do so throughout my participation in the Program;
2. I understand that a voucher request or redemption form which is erroneous, incomplete, illegible, or missing required documentation may be rejected;
3. I understand that I can reapply for funding if a voucher request is rejected because it is erroneous, incomplete, illegible, or missing required documentation;
4. I understand that the program has limited funds and that voucher redemption is contingent in part upon availability of Program funding;
5. I agree to provide accurate information regarding the Program to vehicle/conversion system purchasers and to assist these purchasers in correctly completing their portion of the voucher request and redemption forms;
6. I agree to ensure that the vehicle/conversion system purchase price is reduced by the approved voucher amount;
7. I understand that I am responsible for ensuring that all vehicle/conversion system and vehicle/conversion system purchase information is complete and accurate;
8. I agree to keep written records of the vehicle/conversion system purchase for three years after the purchase/conversion date and provide the City of Chicago or its designee with these records within ten days of their request. These records include, but are not limited to, the vehicle/conversion system invoice, certificate of conversion, proof of purchase, Motor Vehicle records, vehicle/conversion system payment information and related bank records, proof of receipt of voucher funds and purchaser fleet information; and
9. I understand that the City of Chicago has the right to ban any vehicle/conversion system vendor from future participation in the Program and pursue any other legal remedies for failure to meet these terms and conditions or other applicable requirements of the Program.
10. I understand that by signing this form I am affirming that this vendor is in compliance with all license requirements and all state, federal and local laws and will remain in compliance with all such requirements and laws.

*The individual signing this document hereby certifies, under penalty of perjury, that he or she has been duly authorized by the Vendor to execute this document on its behalf.*

**I affirm that all the statements made on this form and on any attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made on this reimbursement form or attachments (intentional or unintentional), may result in the denial of this request and/or other applicable penalties; including, but not limited to, a three (3) year bar from participation in the WAV Voucher Program or any other BACP Incentive Program. 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.**

**Authorized Representative and Title:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_