



# 2019 Taxicab Driver Excellence Award Nomination Form

Please complete and submit this form to nominate a wheelchair accessible vehicle (WAV) taxicab driver for the 2019 Taxicab Driver Excellence Award. This completed form must be received by the Department of Business Affairs and Consumer Protection (BACP) on or by **March 31st, 2020**. 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](http://www.chicago.gov/bacp).

**By Mail:**

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

**By Email:**

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

**In Person:**

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

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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 2019 servicing passengers using wheelchairs.
  5. Nominees may not nominate themselves or be nominated by a family member, medallion licensee, affiliation or medallion license manager.
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Your Name: \_\_\_\_\_

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

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

Your Primary Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_



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**Please complete and submit on or by March 31st, 2020. Attach additional sheets if needed.**

Taxi Driver (Nominee) Name: \_\_\_\_\_

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

Taxi Number (if known): \_\_\_\_\_ TX

Has the nominee provided you, or someone you know, with wheelchair accessible taxicab service?  
Describe that service below, indicating the approximate time period in which these services were used.

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Describe why nominee deserves to win this award:

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

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

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

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