



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 · WWW.CITYOFCHICAGO.ORG/BACP

WAV TAXICAB FUND PRE- APPROVAL REQUEST (Step 1 of 2) version date: 10-3-18

Submit to BACP at 2350 W. Ogden, 1st floor, Chicago, IL, 60608. Refer to Section VII of the Taxicab Medallion License Holder Rules and Regulations for the rules governing this fund and wheelchair accessible vehicle (WAV) requirements.

***** **COMPLETE THE FOLLOWING INFORMATION** *****

List the **TAXICAB MEDALLION** license number for which **WAV Funding** is sought: _____ **TX**.

Type of WAV Funding sought (Check A or B)

___ **A. MANUFACTURED WAV.** Partial funding for a brand 'new' (refer to Rule TX7.07(f)) factory manufactured wheelchair accessible vehicle as a taxicab. Maximum reimbursement is \$25,000.

___ **B. CONVERTED WAV.** Reimbursement towards the actual cost of post-manufacture mechanical conversion/modification of a brand "new" (refer to Rule TX7.07(f)) vehicle to a wheelchair accessible vehicle as a taxicab. Maximum reimbursement is \$20,000.

I own or control _____ number of medallions. I currently have _____ number of WAV taxicabs licensed by BACP. I still need _____ (number of WAVs) to be in compliance with MCC 9-12-570 (b)(2).

Vehicle Make: _____ Vehicle Model: _____ Number of Cylinders: _____

VIN Number: _____ Side Entry WAV access? (yes or no): _____

Model Year: _____ Fuel Source: _____, If CNG, does it have a heated regulator? _____

Mileage: _____ Vehicle Meets all WAV Requirements in rules and 9-112 MCC? _____ (yes or no)

Is/Was this vehicle ever on another medallion license?: _____ (Yes or No) If Yes, list medallion number: _____ TX

Dealership Name: _____ Phone# _____ Contact: _____

- Vehicle's owner must be either the Medallion License Holder or designated BACP licensed, license manager. Leased vehicles only accepted if owner is contractually obligated to buy vehicle from corporate lessor.
- A WAV taxicab is considered placed into service on the date it passes a vehicle inspection at BACP's inspection facility. Funds will not be disbursed until the vehicle passes the inspection.
- **If you are awarded money from the Accessibility Fund, you must keep the above listed WAV vehicle on the taxicab medallion license listed on this form for the life of the WAV vehicle, a minimum of seven years unless the vehicle is deemed unfit for public service by BACP.**

Medallion License Holder Individual Name: _____

Medallion License Holder Company Name: _____

Name of Person Completing this form: _____

Contact E-Mail Address: _____ Phone: _____

Title or Relationship with License Holder: _____

Signature of Person Completing this form: _____ Date Signed: _____

I understand these Requirements and will comply with all City mandated Requirements : _____ (Initial Here)

BACP USE ONLY: Date Received: _____ Initials: _____ Approved: _____ Denied: _____

(If pre-approval is denied, list reason here _____.

WAV TAXICAB FUND REIMBURSEMENT FORM (Step 2 of 2) version date: 10-3-18

Complete this form as the second step in the WAV funding process. Submit this fully completed form with copies of all required documents to BACP's Public Vehicle Operations Division, 2350 W. Ogden, First Floor, Chicago, IL, 60608.

Amount of WAV Funding sought (Check A or B)

____ **A. MANUFACTURED WAV.** Partial funding for a brand "new" (refer to Rule TX7.07(f)) factory-manufactured wheelchair accessible vehicle. **Maximum reimbursement is \$25,000.** Total paid for vehicle was \$_____. Attach copy of vehicle title, itemized bill of sale, receipts and proof of payment associated with the purchase of vehicle.

____ **B. CONVERTED WAV.** Reimbursement towards the actual cost of post-manufacture mechanical conversion/modification of a brand "new" (refer to Rule TX7.07(f)) vehicle to a wheelchair accessible vehicle as a taxicab. **Maximum reimbursement is \$20,000.** Total paid to have this vehicle converted by an authorized WAV conversion company was \$_____. Attach copy of vehicle title, bill of sale, itemized conversion work order/invoice that shows detailed cost for the conversion, any receipts and proof of payment associated with the WAV conversion and purchase of this vehicle.

Medallion Number: _____ TX _____ Vehicle Make: _____ Vehicle Model: _____

Model Year: _____ Fuel Source: _____ Mileage: _____

Date Vehicle Purchased: _____ / _____ / _____ VIN Number: _____
Month Day Year

Name of Company that did WAV Conversion: _____ Contact Name: _____

Phone Number for Conversion Company: _____ Address: _____

★ BEFORE SUBMITTING THIS FORM, CHECK TO MAKE SURE YOU DID THE FOLLOWING:

- 1) Attach copy of vehicle's title, vehicle history report, bill of sale, and proof of payment associated with the vehicle purchase. If applicable, submit an itemized conversion invoice with the specific price for the WAV conversion listed on the dealership paperwork.
- 2) Make sure you are in compliance with all City of Chicago laws and owe no debt to the City.
- 3) Contact Open Taxis and become certified to accept WAV dispatch calls.
- 4) Submit a Letter of Good Standing from all Lienholders on your medallion license and this vehicle (if any).
- 5) Licensee must be in good standing with BACP.

★ **IMPORTANT:** This WAV taxicab must pass inspection at the BACP testing facility within four months from the date of approval on this request. Funds will be disbursed only after this vehicle passes the BACP inspection. If money is awarded pursuant to this request, you must keep this WAV vehicle on the above referenced taxicab license for the life of the vehicle. If you fail to meet all requirements, you must reimburse the City for any amount received.

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 application or attachments (intentional or unintentional), will result in the denial of this request and/or other applicable penalties; including, but not limited to, revocation of the taxicab license listed on this 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.

APPLICANT/LICENSEE SIGNATURE: _____ DATE: _____

PRINT APPLICANT NAME: _____ PHONE: _____

PRINT RECIPIENT NAME : _____ (Payee to be listed on the Check)

RECIPIENT'S RELATIONSHIP TO LICENSEE: _____ RECIPIENT EIN: _____

RECIPIENT ADDRESS ON CHECK: _____ (Checks disbursed at BACP Office.)

***** **FOLLOWING SECTION MUST BE COMPLETED BY BACP STAFF** *****

Date Received: _____ Approved By: _____
NAME & TITLE

Date of Decision: _____ Date Licensee Notified: _____ Denied By: _____
NAME & TITLE

If Denied, list reason here _____