## WAV TAXICAB VEHICLE MAINTENANCE SUBSIDY REQUEST vd: 5.23.19

**Taxicab Medallion License Holders applying for the annual WAV taxicab vehicle maintenance subsidy must complete and submit this form no later than March 1st of the following year for which reimbursement is being sought.** Submit forms and receipts to the Public Vehicle Operations Division at 2350 W. Ogden, 1st floor, Chicago, IL, 60608 Attn: WAV Taxicab Maintenance Subsidy OR via email to BACPPV@cityofchicago.org. Forms must be submitted with copies of receipts from a licensed motor vehicle repair shop. (See reverse side for list of requirements)   Use a separate form for each WAV taxicab vehicle.

### WAV TAXICAB VEHICLE INFORMATION

TAXICAB MEDALLION license number for which WAV Subsidy MAINTENANCE is sought: _____TX.

Current Mileage:_____     Amount of subsidy sought: $_____(Maximum reimbursement is $8,000)

### MOTOR VEHICLE REPAIR SHOP INFORMATION

Name of Licensed Repair Shop:_____ License Number:_____

Contact Person_____     Contact Phone Number:_____

Address of Licensed Repair Shop:_____
*If there is more than 1 repair shop you may use Appendix A to list them. See page three.*

### 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 in this subsidy application or attachments (intentional or unintentional) will result in the denial of the request submitted and/or applicable penalties; including but not limited to, revocation of the taxicab medallion 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.

Applicant/Licensee Signature: _____

Taxicab Owner Company Name: _____

Print Recipient Name:_____(Payee To Be Listed On The  Check)

Recipient's Relationship To Taxicab Owner:_____ Recipient FEIN:_____

Recipient Address On Check:_____ (Checks Disbursed At BACP Office)
******************* **SECTION BELOW MUST BE COMPLETED BY BACP STAFF** *******************
Inspections: 1st _____/Result:_____ 2nd _____/Result:_____

●Receipts ( □yes / □no)  ● Approved Expenses ( □yes / □no) ●VIN on Receipts ( □yes / □no) ● Licensed MVR ( □yes / □no)
● Passed Inspection ( □yes / □no) ● List of Previous Expenses Checked ( □yes / □no) ● Open Taxi Letter ( □yes / □no)

Amount approved: $_____     Request Denied:_____  Decision by:_____
Decision Date:_____                                                          NAME & TITLE

(If Subsidy is denied, list reason here: _____.

**Please see reverse side for important information regarding this form.**

★ **BEFORE SUBMITTING THIS FORM, VERIFY AND MAKE SURE YOUR DOCUMENTS MEET THESE REQUIREMENTS:**

## ITEMIZED RECEIPTS AND INVOICES MUST HAVE THE FOLLOWING

| Date of service | Description of work performed | Price paid for labor |
|---|---|---|
| Repair Shops Business Name, Address and Phone Number | List of parts | Sales Tax (if applicable) |
| Vehicle information (make/model/mileage/and vin number) | Price paid for parts | Total price paid |

NOTE: Itemized service receipts or invoices that will be accepted are those dated within the current calendar year and issued from a licensed repair facility or authorized service center. Service must have been performed on the WAV taxicab vehicle for which the subsidy is being applied for. All in-house facilities performing services on a WAV taxicab vehicle are also required to submit receipts and/or invoices as referenced above. These too must contain the name and contact number of individual who performed the work.

Service items that are acceptable and qualify for subsidy incentive include but are not limited to the following.

| Routine maintenance as outlined by vehicle manufacturer. Such as items listed below: | Repairs and maintenance to equipment installed on WAV taxicab, such as: | Non-Routine/Unscheduled Repairs |
|---|---|---|
| •Oil Change •Vehicle Fluids<br><br>•Filters •Drive or Timing Belts<br><br>•Tire rotations •Windshield Wipers<br><br>•Hoses •Lights •Brakes<br><br>•Chassis Lubrication<br><br>•Tune Ups<br><br>•Tires (once per Year) | •Ramp<br><br>•Hinges<br><br>•Wiring<br><br>•Tie-downs<br><br>•Doors<br><br>•Kneel system<br><br>•Motors | Repairs to the vehicle not covered by the manufacturer warranty necessary for the operation of the vehicle. These requests will be evaluated on a per case basis. |

Items not included in the list above as qualifying for the subsidy will require pre-approval before any subsidy is distributed.

**NOTE: Taxicab medallion licensee must be in compliance with all City of Chicago laws and owe no debt to the City of Chicago in order to qualify for this subsidy. Licensee must be in an active participant and in good standing with the City of Chicago Centralized WAV Taxi Dispatch Service (Open Taxis). <u>You must obtain and submit a letter from Open Taxis stating that you are an active member in good standing with this application for it to be accepted.</u> You must also submit a copy of the current vehicle registration with the Illinois Secretary of State as proof of vehicle ownership.**

**Parts acquired with this subsidy may not be sold. You must obtain written authorization from BACP to swap out parts from one WAV taxicab to another WAV taxicab. Your failure to comply with the requirements listed in this document and applicable laws may result in the revocation of any or all taxicab medallion licenses.**

### APPENDIX A: MULTIPLE MOTOR VEHICLE REPAIR SHOP SHEET

**Name of Licensed Repair Shop:**_____

**Address of Licensed Repair Shop:** _____

**License Number:** _____ **Contact Person:** _____

**Contact Phone Number:** _____

**Amount of subsidy sought for repairs performed at this shop: $**_____

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**Name of Licensed Repair Shop:**_____

**Address of Licensed Repair Shop:** _____

**License Number:** _____ **Contact Person:** _____

**Contact Phone Number:** _____

**Amount of subsidy sought for repairs performed at this shop: $**_____

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**Name of Licensed Repair Shop:**_____

**Address of Licensed Repair Shop:** _____

**License Number:** _____ **Contact Person:** _____

**Contact Phone Number:** _____

**Amount of subsidy sought for repairs performed at this shop: $**_____

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**Name of Licensed Repair Shop:**_____

**Address of Licensed Repair Shop:** _____

**License Number:** _____ **Contact Person:** _____

**Contact Phone Number:** _____

**Amount of subsidy sought for repairs performed at this shop: $**_____

**This form may be duplicated as many times as is needed.**