



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

TNP WAV INCENTIVE SUBSIDY REQUEST *(November 18, 2022)*

TNP License Holder applying for the WAV subsidy must complete and submit this form. Submit form and supporting documentation to the Public Vehicle Operations Division via e-mail to BACPPV@cityofchicago.org with "Attn: TNP WAV Taxicab Subsidy" in subject line.

TNP LICENSE HOLDER INFORMATION

IRIS ACCOUNT NUMBER: _____

TNP Company Name: _____

Requesting subsidy for the following month: _____. Number of qualifying TNP WAV Trips: _____
(month/year)

Requesting a total amount of subsidy equal to: \$_____. (Subsidy amount is \$30 per completed TNP WAV trip)

Requests for subsidy must be submitted timely monthly for all qualifying TNP WAV trips performed in the prior month. Licensed TNP company and TNP WAV trip must meet the following criteria to be eligible for incentives:

1. Must be in compliance with City of Chicago (City) laws with a license in good standing with the City.
2. The TNP WAV trip must be requested through its affiliated TNP platform specifically for a wheelchair accessible vehicle.
3. The TNP WAV trip fare must be paid by the passenger requesting the TNP WAV trip through the TNP platform. TNP WAV trips subsidized or paid for by a government agency, other than BACP, are not eligible for this financial incentive program.
4. The TNP WAV trip must be performed by an affiliated transportation network driver licensed and qualified in compliance with Chapter 9-115 of the MCC.
5. The TNP WAV vehicle used to perform the trip must be in compliance with Chapter 9-115 of the MCC.
6. If the TNP company contracts the services of a company, i.e., sub-contractor, to perform WAV TNP trips through the TNP's platform, the sub-contractor must be in compliance and in good standing with applicable City of Chicago laws, including compliance with City of Chicago debt.
7. Trip data for each TNP WAV trip must be submitted with this request. See CHICAGO.GOV/PUBLICVEHICLES for required current data metrics reporting for TNP WAV trips.

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 Transportation Network Provider 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/TNP Licensee Signature: _____ Date: _____

Print name: _____ Relationship to TNP Company: _____
last name first name middle name

Company address: _____
street address apt# city state zip code

Contact info: Cell (_____) _____ Business (_____) _____

E-mail address: _____ Recipient FEIN: _____

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

Amount approved: \$_____ Decision by: _____ Date: _____
NAME & TITLE

If Subsidy is denied, list reason here: _____.