



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

TNP WAV INCENTIVE SUBSIDY REQUEST vd: 12-19-18

TNP License Holders applying for the WAV subsidy must complete and submit this form. Submit form and supporting documentation to the Public Vehicle Operations Division at 2350 W. Ogden, 1st floor, Chicago, IL, 60608
Attn: TNP WAV Taxicab Subsidy OR via email to BACPPV@cityofchicago.org.

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: \$_____.

Requests for subsidy must be submitted on a monthly basis for all qualifying WAV TNP trips performed in the prior month.

1. The TNP WAV trip must be requested through its affiliated TNP platform specifically for wheelchair accessible vehicle service;
2. 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;
3. The TNP WAV vehicle used to perform the trip must be in compliance with Chapter 9-115 of the MCC;
4. If the TNP WAV trip is contracted through a contractor, the contractor must be in compliance and in good standing with applicable City of Chicago laws, including compliance with City of Chicago debt; and
5. Trip data of the TNP WAV trip must be submitted with the reimbursement request.

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: \$_____ Request Denied: _____ Decision by: _____

Decision Date: _____ NAME & TITLE

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