

APPLICATION FOR APPROVAL OF SPECIALTY VEHICLE PILOT PROGRAM

(Complete fully items one through fifteen on the application form, or if additional space is needed, attach supplemental pages with responses marked by number. Include the material requested in numbers sixteen through eighteen with your application. Incomplete applications will not be considered.)

1. **Name of licensee** _____
2. **Number of vehicles to be licensed in pilot program** _____
3. **Manufacturer of vehicles to be licensed** _____
4. **Model of vehicles to be licensed** _____
5. **Year of manufacture of vehicles to be licensed** _____
6. **Capacity of vehicle** _____
7. **Cities in United States where this model vehicle is licensed as taxicab or livery and the approximate number of such vehicles licensed in those cities:** _____

8. **Cities outside the United States where this model vehicle is licensed as a taxicab or livery and the approximate number of such vehicles licensed in those cities:** _____

9. **Name and address of the distribution agent(s) for the vehicles to be licensed:**

10. If distribution or sale of the vehicle by the manufacturer or agent is to be limited to only one type of public passenger vehicle (e.g., taxicabs or liveries) or to a limited number of licensees, please indicate the substance of such limitations: _____
- _____
- _____
- _____
11. The name, address, and qualifications for the party responsible for repairing or supervising and/or training the persons who will repair the vehicles to be licensed:
- _____
- _____
- _____
- _____
12. A brief description of any program to train employees or agents of the applicant in the maintenance and/or repair of the vehicles to be licensed: _____
- _____
- _____
- _____
13. Indicate compliance with federal standards regarding exhaust emissions: _____
- _____
- _____
14. Indicate compliance with federal standards regarding fuel efficiency: _____
- _____

15. A brief statement why the licensing of such vehicles will tangibly benefit public chauffeurs and the general public: _____

16. Attach an operation or owner manual from the manufacturer for the vehicle to be licensed.

17. Attach a repair manual from the manufacturer for the vehicle to be licensed.

18. If the vehicle will be used as a wheelchair-accessible cab, please attach certification that Federal Standards have been met.

State of Illinois

SS

County of Cook

The undersigned individual licensee, or in the case of a corporate licensee, the undersigned officer of the licensee corporation, being first duly sworn, deposes and states that he/she has read the foregoing "Application for Approval of Specialty Vehicles Pilot Program," knows the contents thereof and the attachments submitted in connection with such application and that the same is true in substance and in fact.

Signature: _____

Print Name: _____

Subscribed and Sworn to before me
This _____ day of _____, 20

Notary Public