



Metropolitan Transit System

FOR-HIRE VEHICLE ADMINISTRATION

FEE WAIVER REQUEST FOR CURRENT WHEELCHAIR ACCESSIBLE VEHICLE (WAV) TAXICAB PERMITS

Full Name of Current Permit Holder(s): Individual ( ) Partnership ( ) Corp/LLC ( )

\_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Medallion Number(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Street City State Zip

Business Telephone: ( ) Cell Phone: ( )

E-mail Address: \_\_\_\_\_

Dispatch Service Provider: \_\_\_\_\_

Wheelchair Accessible Vehicle Information: \_\_\_\_\_ Make Model / Year Last 4 of Vin

Current Taxicab (WAV) Permit Holders:

I have read and understood the Taxicab Wheelchair Accessible Vehicle (WAV) Policy Fee Waiver Guidelines and hereby request For-Hire Vehicle Administration to waive the permit renewal fee for my Taxicab WAV permit(s)

Permit Holder Signature

Date

Rev 12.23

