



Metropolitan Transit System

FOR-HIRE VEHICLE ADMINISTRATION (FHVA)

FEE WAIVER REQUEST FOR NEW / TRANSFERRED WHEELCHAIR ACCESSIBLE VEHICLE (WAV) TAXICAB PERMITS

Full Name of WAV Permit Applicant(s): Individual () Partnership () Corp/LLC ()

Business Name (DBA):

Medallion Number(s):

Business Address: Street City State Zip

Business Telephone: () Cell Phone: ()

E-mail Address:

Do you currently have a Taxicab WAV? YES () NO ()

If yes, provide Taxicab WAV Information: Make Model / Year Last 4 of Vin

If no, you may still submit this form even if you have not yet obtained a Taxicab WAV. MTS can provide you general information on vehicle specifications or you can contact FHVA at 619-557-4524 or via e-mail to: Tom.Lee@sdmts.com.

Acknowledgment

*By signing this Form, you are acknowledging that you have read and agreed to the Taxicab WAV Policy Fee Waiver Guidelines and hereby request MTS FHVA to waive the Permit Application / Transfer fee(s) for my Taxicab WAV permit(s).

*Applicant Signature Date

