



Municipal Licensing and Standards
 Fiona Chapman
 Director, Business Licensing and Regulatory
 Services

Marcia Stoltz
 Manager, Vehicle for Hire

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2023 ACCESSIBILITY FUND PROGRAM: DECLARATION FORM **Vehicle for Hire Driver**

Applicant Information

Date: _____

Name of Licence Holder: _____
(first and last name)

I, _____, declare the following:
(first and last name)

1. Did **not** provide service in an accessible taxicab for a taxicab brokerage under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2023.
2. MLS Licence Number: D _____ - _____
3. Mailing Address: _____
- 3a. Contact email and phone number: _____
4. MLS taxi plate number and signature of Taxicab Owner, in order to confirm your affiliation with their taxicab:

Taxicab Owner Licence No: V _____ - _____

MLS Taxi Plate No: _____

Taxicab Owner First and Last Name: _____

Taxicab Owner Signature: _____

Service Standards

5. Number of hours you were operating and available for dispatch: _____ in 2023
6. I accepted all wheelchair accessible vehicle trips dispatched by a brokerage, save for any requests for service refused in accordance with section 546-100 of Chapter 546:

(circle one): YES or NO

7. I have taxicab operator logs for the past 12 months that may be audited by MLS

(circle one): YES or NO

Declaration:



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I, _____ declare that the information provided in
(first and last name)

form is true, accurate, and complete. I am aware that Municipal Licensing and Standards may refuse or cancel funding if I do not meet the eligibility criteria or service standards as set out, if false or misleading information is provided, or if funding was granted due to an technological or clerical error. If funding was granted due to incomplete or inaccurate information or due to a technological or clerical error, then Municipal Licensing and Standards may recover any funds disbursed or require repayment of funds before any licence may be issued or renewed in future. If I was not properly eligible and received funds based on incomplete or inaccurate information provided, **then I will not be eligible to reapply to the Accessibility Fund Program for two years.**

Signature of Applicant: _____