



Municipal Licensing And Standard
Business Licence and Regulatory Service

Vehicle For Hire Driver 2024 Accessibility Fund Program Declaration

850 Coxwell Ave. 3rd Fl
Toronto, Ontario, M4C

Fax: (416)392-4515
accessibilityfundprogram@toronto.ca
www.toronto.ca/afp

ALL FIELDS MUST BE COMPLETED OR THE APPLICATION WILL BE REFUSED

Date: _____

Applicant's Name: _____

MLS Licence Number: D0_____ - _____

Mailing Address: _____

Contact email and phone number: _____

Taxicab Owner Licence No: V0_____ - _____ MLS Taxi Plate No: _____

Taxicab Owner First and Last Name: _____

Taxicab Owner Signature: _____

ALL questions below must be answered:

1. Number of hours you were operating and available for dispatch: _____ in 2024
2. 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 **Yes No**
3. I have taxicab operator logs for the past 12 months that may be audited by MLS **Yes No**

Declaration

I, _____ declare the following:
(First and Last name of Licence Holder)

1. Did **not** provide service in an accessible taxicab for a taxicab brokerage under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2024.
2. That this 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 a 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: _____
Sign or type your name in the box above

As mandated by the Municipal Freedom of Information and Protection of Privacy Act, sections 2(2.1) and 2(2.2), the business information collected in this application form will be maintained as a business record. Information associated with an individual in a professional, business, or official capacity is not personal information. Business information may be publicly available. Any question regarding the collection of your information may be directed to the Manager of Licensing Services, 850 Coxwell Ave., 3rd floor, Toronto, M4C 5R1 or by contacting 416-392-3071