

Vehicle For Hire Driver 2024 Accessibility Fund Program Declaration

Municipal Licensing And Standard Business Licence and Regulatory Service 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 REFUSE Date: <u>May 27, 2025</u>	D
Applicant's Name: John Smith	
MLS Licence Number: D <u>0</u> - 12348765	
Mailing Address: 1245 Espresso Town, Toronto, ON M1R32R	
Contact email and phone number:	
Taxicab Owner Licence No: $V_0 00 - \frac{12348765}{2}$ MLS Taxi Plate No: $\frac{1234}{2}$	
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: 432 in 20)24
2. I accepted all wheelchair accessible vehicle trips dispatched by a brokerage, save for any r for service refused in accordance with section 546-100 of Chapter 546	equests ONo
3. I have taxicab operator logs for the past 12 months that may be audited by MLS •Yes	ONo
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 Toro Transit Commission Wheel-Trans Taxicab Service Contract in 2024.	nto
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 gradue to a technological or clerical error. If funding was granted due to incomplete or inacinformation or due to a technological or clerical error, then Municipal Licensing and Stamay recover any funds disbursed or require repayment of funds before any licence may 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 Accessibility Fund Program for two years.	anted ccurate indards be

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