



Vehicle For Hire Driver 2025 Accessibility Fund Program Application

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 REFUSED

Date: _____

Applicant's Name: _____

MLS Licence Number: D _____ - _____

Mailing Address: _____

Contact email and phone number: _____

Taxicab Owner Licence No: V _____ - _____ **MLS Taxi Plate No:** _____

Taxicab Owner First and Last Name: _____

Taxicab Owner Signature: _____

ALL questions below must be answered:

1. Were you operating an accessible taxicab or available for dispatch for at least 432 hours in 2025?
 Yes No
2. I accepted all wheelchair accessible vehicle trips dispatched by a brokerage or 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. I did **not** provide service in an accessible taxicab for a taxicab brokerage under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2025.
2. This form is true, accurate, and complete and that if I am submitting this declaration on behalf of a corporation, I have authority to do so. I am aware that Municipal Licensing and Standards may refuse or cancel funding if I do not meet the applicable eligibility criteria or service standards, 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 and **the taxicab owner will not be eligible to reapply to the Accessibility Fund Program for two years**. I understand that the Accessibility Fund Program, including its eligibility criteria, may be amended, suspended or terminated by the City in its sole discretion from time to time.

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