



# Taxicab Owner - 2026 Vehicle Registration Accessibility Fund Program Application

Municipal Licensing and Standard  
Business Licence and Regulatory Service

850 Coxwell Ave. 3<sup>rd</sup> Fl  
Toronto, Ontario, M4C 531

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[www.toronto.ca/afp](http://www.toronto.ca/afp)

**ALL FIELDS MUST BE COMPLETED OR THE APPLICATION WILL BE REFUSED**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Officer/Director's name if corporate owner)

MLS Taxi Owner's Licence Number: V \_\_\_\_\_ - \_\_\_\_\_ MLS Taxi Plate No: \_\_\_\_\_

VIN: \_\_\_\_\_ Type of Conversion:  Side-entry **or**  Rear-entry  
(Select one)

Mailing Address: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

**ALL questions below must be answered:**

1. Was a newly converted accessible vehicle registered with MLS in 2026?  Yes  No

2. Vehicle Registration Date: \_\_\_\_\_

3. Conversion Company Name: \_\_\_\_\_

**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. The vehicle identified in this application has **not** been previously registered as an accessible taxicab at any time prior to this application.

3. 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 above – Must be signed by Licence holder, Corporate Officer/Director