

**District of Columbia Taxicab Commission  
Accessibility Advisory Committee  
Membership Application**

The District of Columbia Taxi Commission Accessibility Advisory Committee (DCTC-AAC) is soliciting applications from qualified individuals interested in filling vacancies on its Accessibility Advisory Committee. There may be vacancies for public vehicle for-hire industry representatives, including members of the taxi and transportation network company (TNC, e.g., Uber, Lyft, Sidecar) operators, and company or association representatives. In addition, there may be vacancies for advocates from the disability and older adult communities.

The DCTC AAC prepares reports and comments on ways to improve the accessibility of public vehicle for-hire service for DC residents, workers, and visitors with disabilities and older adults. City residents and industry representatives have a lot to say about the accessibility of demand responsive transportation services in the District. More importantly, they have a lot of good ideas to share and are able to do so by becoming a part of, and participating as part of, the ACC to make our city's taxi and TNC service better.

**If you meet the following minimum qualifications for an Advocate position we encourage you to apply for membership if you:**

1. are an older adult (65+), have a disability, or represent a disability or older adult organization.
2. live in the District of Columbia or represent a disability or older adult advocacy organization that has an office in the District.
3. are not employed by a commercial organization or are a contractor of a commercial organization that may maintain a position that conflicts with the mission or objectives of the AAC.
4. are not an elected official.
5. have attended at least one (1) Accessibility Advisory Committee general meeting as an observer.
6. have either read the bylaws and comprehensive report submitted February 2014, or discussed the bylaws and report with a member of the Membership Subcommittee.
7. can commit 4-6 hours per month to participate in general and subcommittee meetings for a minimum of 1 year.

**If you meet the following minimum qualifications for an Industry Representative position we encourage you to apply for membership if you:**

1. are a public vehicle for-hire operator providing service in the District of Columbia, or representative of a public vehicle for-hire company or association operating in the District of Columbia.
2. are not employed by a commercial organization or are a contractor of a commercial organization that may maintain a position that conflicts with the mission or objectives of the AAC.

3. have attended at least one (1) Accessibility Advisory Committee general meeting as an observer.
4. have either read the bylaws and comprehensive report submitted February 2014, or discussed the bylaws and report with a member of the Membership Subcommittee.
5. agree to abstain from voting on issues in which you or your company or association would gain \$1,000 or more in revenue from a recommended program or initiative.
6. can commit 4-6 hours per month to participate in general and subcommittee meetings for a minimum of 1 year.

**How members are selected:**

The AAC will select candidates that represent an accurate cross-section of: industry representatives; customers with disabilities, older adults, or representatives of either community. The AAC will endeavor to select candidates that reflect a broad representation of people from different geographical areas within the physical boundaries of the District of Columbia. Not every applicant will be selected. All applications will be retained for 1 year from the date submitted for future consideration. Unsuccessful candidates who wish to include modifications or additional materials to their applications are encouraged to resubmit them during this period.

If selected, members will attend AAC general meetings on dates and times determined by the committee and subcommittee meetings as required by voluntary participation. Members will not be paid for either time or travel expenses incurred to attend the meetings. Reasonable accommodations will be provided upon request.

For more information on the Accessibility Advisory Committee, please visit:  
<http://dctaxi.dc.gov/page/disability-advisory-committee>

**Follow these steps to apply for membership:**

- Attend an AAC general meeting.
- Read the bylaws and comprehensive report or discuss the bylaws and report with a member of the Membership Subcommittee. The bylaws and report can be found on the web at: <http://odr.dc.gov/page/dctc-accessibility-advisory-committee>
- Complete the application below.
- Return the completed application via email to [susie.mcfadden-resper@dc.gov](mailto:susie.mcfadden-resper@dc.gov), or mail:

Susie McFadden-Resper  
441 4th Street, NW, Suite 729N  
Washington, DC 20001

For more information, an accommodation request, or assistance filling out this application, please contact the Office of Disability Rights at (202) 724-5055.

## DCTC AAC MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone/TTY: \_\_\_\_\_

Evening phone/TTY: \_\_\_\_\_

Email address: \_\_\_\_\_

1. Which best describes your race and/or ethnic background? (Optional)

- African American/Black
- Asian
- Caucasian/White
- Hispanic/Latino
- Native American
- Other

2. For which of the following categories can you provide a personal perspective or personal point of view? (Circle or check next to all that apply.)

- Mobility disability
- Older Adult
- Low-vision
- Cognitive disability
- Neurological disability
- Auto-sensory disability
- Deaf/hard of hearing
- Speech disability
- Blind
- Disability Organization Representative
- Older Adult Organization Representative
- Public Vehicle For-Hire Industry Driver/Operator
- Public Vehicle For-Hire Industry Company or Association Representative
- Other (Please explain): \_\_\_\_\_

3. Do you regularly use DC Taxis, TNC's or other demand responsive transportation?

- Yes
- No

If not, why not? \_\_\_\_\_  
\_\_\_\_\_

If you do, in an average week, how many times per week do you use Taxi, Limousine, or TNC (e.g., Uber, Lyft or Sidecar) service? \_\_\_\_\_

4. Are you, a member of your family or employer, a party to either a lawsuit against or a contract with a taxi, limousine, TNC service, or the DC Taxicab Commission? (If yes, please tell us more. Answering yes will not immediately disqualify you for membership).

- Yes  
 No

Please explain:

5. What, if any, type of support, accommodations, or assistive equipment will you need to facilitate regular meeting attendance and participation?

- ASL Interpreter  
 CART (Communication Access Realtime Translation)  
 Language Interpreter  
 Materials in Braille  
 Large, Bold Font  
 Wheelchair Accommodation  
 Other: \_\_\_\_\_

6. What Comments or Questions do you have?

7. Please provide below a statement outlining why you want to be on the Committee, what you can contribute through your participation, and any experience or accomplishments you may have related to public transportation and/or accessibility issues? Please attach additional pages, if necessary.

**AAC Membership Application 2014, Use of Information Provided**

The AAC may use or disclose the individual information collected on this form to fill positions on the Accessibility Advisory Committee. Providing this information is voluntary, but an individual who does not provide the information may not be considered as a candidate for membership on the Accessibility Advisory Committee.

Information from this form may be disclosed for law enforcement purposes; to congressional offices or offices of elected officials in the DC metropolitan area; to contractors, grantees and others; for administrative claims, complaints and appeals; and in connection with litigation.

Selected information about Accessibility Advisory Committee members may be disclosed to the public.

By signing this application, I swear or affirm that:

1. I understand that information provided on this application may be shared, and will be available to the public or press through Freedom of Information Act Requests.
2. If selected my current employment or financial interests will not create a conflict of interest,
3. I am not an elected public official,
4. All of the information provided here is true,
5. I will comply with the standards of conduct listed in the bylaws.

Signature: \_\_\_\_\_

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