

## Wheelchair Accessible Vehicle (WAV) Repair Reimbursement Application

The WAV Owner applying for the WAV vehicle maintenance subsidy must complete and submit this form no later than August 31, 2023, for which reimbursements are being sought. Submit forms and receipts to the Department of For-Hire Vehicles, Office of The Director at 2235 Shannon Place, SE; Washington, DC 2002, Attn: Charles Lindsay or via email to [DFHV.Grants@dc.gov](mailto:DFHV.Grants@dc.gov). Forms must be submitted with copies of receipts from a licensed motor vehicle repair shop. (See RFA for list of requirements)

**Use a separate form for each WAV taxicab vehicle.**

WAV PVIN number for which WAV Subsidy is sought:\_\_\_\_\_. Current Mileage:\_\_\_\_\_

Amount of subsidy sought: \$\_\_\_\_\_ (Maximum reimbursement is located in RFA)

Name of Licensed Repair Shop:\_\_\_\_\_

License Number:\_\_\_\_\_

Contact Person\_\_\_\_\_

Contact Phone Number:\_\_\_\_\_

Address of Licensed Repair Shop:\_\_\_\_\_

*If there is more than 1 repair shop you may use the attached for to list them.*

I affirm that all the information and statements made on this form and on the attachments are true and correct. I understand that any misstatements, inaccuracies and/or omissions made by me in this subsidy application or attachments (intentional or unintentional) will result in the denial of the request submitted and/or applicable penalties; including but not limited to, revocation of the taxicab license listed on this reimbursement form. Under penalties as provided by law, including, but not limited to, 31 DCMR §§ 511, 518, 816, and 824 I certify that the above statements are true and correct.

Applicant/Licensee Signature:\_\_\_\_\_

Taxi Owner's Certified Business Number or DC Business number: \_\_\_\_\_

**Operation: WAV Repair Sheet**  
**Appendix II, A: Multiple Motor Vehicle Repair Report**

Name of Licensed Repair Shop:
Address of Repair Shop:
Business License Number:
Contact Person's Name:
Incentive Amount requesting based on repair shop's invoice:
Notes (if applicable):

Name of Licensed Repair Shop:
Address of Repair Shop:
Business License Number:
Contact Person's Name:
Incentive Amount requesting based on repair shop's invoice:
Notes (if applicable):

This form may be duplicated as many times as needed by applicant.

