Wheelchair Accessible Vehicle Service Compliance Form

Option Two – Outcome Based Method

Company Name:

Industry **(Check one)**: ☐ CSS ☐ Limo ☐ Taxi ☐ TNC

Permit Holder:

Permit/ HLL Number:

Email Address:

Number of WAV Trips Requested:

Number of WAV Trips Completed:

Average Wait Time (HH:MM:SS):

If your company complied in-house, please provide a list of each WAV permit number and VIN; otherwise attach a copy of the contractual arrangement with an entity that holds a current and valid permit or registration issued in accordance with Chapter 46 of the City of Houston Code of Ordinances.

WAV Permit Number	VIN

I have personal knowledge of the statements made above. None of the statements are misleading or false. I declare under penalty of perjury that the foregoing is true and correct.

_____

Signature of Permit Holder

_____

Date