Wheelchair Accessible Vehicle Service Compliance Form

Option One - Percentage of Fleet

Company Name:

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

Permit Holder

Permit/HLL Number

Email Address

Number of Permits

Number of Permitted WAVs

Please provide a list of each WAV permit number and VIN:

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