



Environmental Protection and Growth Management Department
ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION
1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

Wheelchair Accessible Vehicle (WAV) Taxicab Certificate* Application Checklist and Instructions

Supporting Documents and Information

You must include the following with your application:

- Trade name of taxicab company and phone number where a person can be reached **24 hours per day, 7 days per week** to dispatch the WAV
- Sworn affidavit affirming the applicant has been a registered chauffeur driving for at least 60 consecutive months in Broward County.
- Description of the training program in place to train drivers of WAV on the needs of passengers in wheelchairs or other mobility assisted devices
- Indicate whether the applicant currently has a WAV or will acquire within 90 days after application
- If operating under a new taxicab company, a copy of the color scheme must be included for approval prior to presenting the vehicle for inspection

Certificate Fee

- Wheelchair Accessible Vehicle**\$1,000 ea.** (*nonrefundable*)

Payment Methods

- **Business Check**
Make checks payable to: *Broward County Board of County Commissioners*
- **Credit Card**
Complete a credit card authorization form

Return this application with all necessary documentation and payments to the address above.



WAV Placeholder Ticket No.

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WAV Taxicab Certificate Application

Applicant Information				
Name	Driver License Number		Hack License Number	
Address	City	State	Zip	
Phone Number	Mobile Phone Number	24/7 Dispatch Phone Number		
Terms and Conditions				
<i>Please affirm the following</i>				
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	The taxicab company under which the certificate(s) will operate has in place a phone number through which a person can be reached 24 hours per day, 7 days per week to dispatch the wheelchair accessible taxicab operating under the certificate.		
<input type="checkbox"/>	<input type="checkbox"/>	The taxicab company under which the certificate(s) will operate has in place a program to train drivers of wheelchair accessible vehicles on the needs of passengers in wheelchairs or mobility assisted devices, including hands-on experience securing wheelchairs or mobility assisted devices to the vehicle. Documentation demonstrating that drivers of the wheelchair accessible vehicles associated with the certificate have received this training will be kept on file and made available to the Division upon request.		
<input type="checkbox"/>	<input type="checkbox"/>	WAV taxicabs operating under these certificates will give priority to individuals who request a wheelchair accessible vehicle.		
<input type="checkbox"/>	<input type="checkbox"/>	WAV taxicabs operating under these certificates will not station in the holding lots of taxicab lines waiting to pick up passengers at the Fort Lauderdale-Hollywood International Airport or Port Everglades.		

I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature

Date

OFFICE USE ONLY					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Staff Initials:	CERTIFICATE NUMBER(S) ASSIGNED				
	1.	2.	3.	4.	5.



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Taxicab Permit Application and Instructions

Supporting Documents

You must attach the following supporting documentation to your application:

- A copy of your current vehicle registration
- If operating under a new taxicab company, a copy of the color scheme must be included for approval prior to presenting the vehicle for inspection
- A copy of your current vehicle inspection report
- A copy of current Broward County Business Tax Receipt (AKA "Occupational License")
- A copy of your current certificates of insurance
- Verified copy of registration to do business in the State of Florida
- Taxicab company must have a place of business in Broward, Miami-Dade, or Palm Beach Counties



Note: certificates of insurance must prove adequate insurance coverage and be in full force and effect. The certificates must list the **Broward County Environmental and Consumer Protection Division as a certificate holder** and must provide at least **30 days advance notice of cancellation**. Certificate of auto liability insurance must indicate minimum limits of **\$125,000/\$250,000/\$50,000**. For **each vehicle**, submit a certificate with the year, make and Vehicle Identification Number (VIN).

Business Information						
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association						
Business Name				Business Account MC#		
DBA Name, if different				Business Owner Name		
Business Address				City	State	Zip
Business Mailing Address				City	State	Zip
Business Phone				Business Fax		Business Email
Business Mobile Phone				Contact Person Name		
Vehicle Information						
Taxicab dispatch company these permits will operate under:						
Vehicle Year	Make/Model	Passenger Capacity	Vehicle Vin No. <i>(Last 6 digits)</i>	Tag No.	OFFICE USE ONLY	
					Date Issued	New Permit #



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 One North University Drive, Suite A203, Plantation, Florida 33324
 954-519-1260 • Fax 954-765-4804

In accordance with Broward County Ordinance 2017-19 (Section 22½-3(a)(2) of the Broward County Code of Ordinances) fifty Wheelchair Accessible Vehicles (WAV) Certificates of Public Convenience and Necessity and associated bonus certificates were made available under certain conditions. This form is to obtain confirmation of adherence to these conditions and will be completed each time vehicle permits associated with these 50 WAV certificates are issued.

Permit Certificate Number _____		
Permit Taxi Company _____		
24-7 Customer Contact Information for dispatch of the WAV vehicle operating under this permit		
Street Address _____		Phone _____
City _____	State _____	Zip Code _____

1. Confirmation that the contact information above is listed on the ECPD WAV Contact List.¹ _____
Initials
2. Confirmation that certificate holder for this permit has in place a program to train drivers on the needs of passengers in wheelchairs or other assisted devices. _____
Initials
 - a. Name of the WAV training program. _____
 - b. Organization providing the WAV training program. _____
3. Confirmation that all drivers of the WAV operating under this permit have received the WAV training, with training records maintained on file with the certificate holder. _____
Initials
4. Confirmation that the WAV vehicle operating under this permit shall not station at the Fort Lauderdale-Hollywood International Airport or Port Everglades lots or lines. _____
Initials
5. Confirmation that drivers operating under this permit must give priority to customers requesting a WAV. _____
Initials
6. List names of driver(s) operating under this permit and attach copy of each driver's WAV training certificate of completion. Add additional page if necessary.
7. Certificate holder information for this permit.

_____ _____ _____ _____	Certificate Holder Name (Please Print)
_____	Certificate Holder Signature
_____	Date

¹ broward.org/Consumer/Forms/Documents/TaxiListWAV.pdf