



WAV Driver Training – Request for WAS Fund Reimbursement

INSTRUCTIONS: Eligible WAV drivers may be reimbursed for one approved training course per year. Reimbursement covers the cost of tuition (if paid directly by the driver) and a stipend for the time it takes to complete the training at the taximeter rate of \$30 per hour.

Please fill out and submit this form, along with the following supporting documentation (digitally scanned copies or photographs of supporting documents will be accepted):

- Evidence that you successfully completed the course (e.g., a copy of the signed certificate from the instructor)
- Paid receipts are also required if you are seeking reimbursement for the cost of tuition (receipts must show “PAID” or show a \$0.00 balance).

To be eligible for reimbursement for driver training, you must hold a valid for-hire driver’s license or permit with a valid WAT endorsement, and be either:

- The owner and operator of a wheelchair accessible taxicab, for-hire, or TNC vehicle (collectively referred to as WAVs) that has been approved as eligible for WAS Fund reimbursements; **OR**
- A lease driver with a current lease agreement to operate a WAV that has been approved as eligible for WAS Fund reimbursements.

Submit this form and supporting documentation to the Regulatory Compliance and Consumer Protection Division, 700 5th Ave., Suite 4250, Seattle WA 98104 (ATTN: WAS Fund), or by email to gordon.yong@seattle.gov.

Training Course Information:

Instructor Name		Provider – Company Name	
Provider Phone Number		Provider Email Address	
Title of Training Course	Course Length (hours)	Completion Date	

WAV Driver Information:

First Name		Last Name	
Street Address		Apt./Suite	
City	State	Zip	
Phone	Email		
For-Hire Driver’s License/Permit Number		WAT Endorsement? (check one):	
		Yes	No
City Business License Number	UBI number		

WAV Vehicle Information:

WAV Medallion/Endorsement Number		Taxi Association/For-Hire Vehicle Co./TNC	
Vehicle Make	Vehicle Model	Vehicle Year	State License Plate Number
Are you the owner of the WAV vehicle? (Check one):			
<input type="checkbox"/>	I am the owner of the WAV vehicle		
<input type="checkbox"/>	I am not the vehicle owner, but I have a current lease agreement to operate this WAV		
<input type="checkbox"/>	I am not the vehicle owner and I do not have a current lease agreement to operate a WAV		
WAV Vehicle Owner Information (Only fill out if driver is different from WAV vehicle owner):			
First Name		Last Name	
Street Address		Apt./Suite	
City	State	Zip	
Phone		Email	

Sworn Statement and Driver Signature:

By signing below:

*I agree that by submitting this **Request for Reimbursement**, I will defend, indemnify, and hold the City of Seattle harmless from and against any and all claims, damages, or other liabilities arising out of, or relating to, the provision of the services that are subject to this request.*

And, I hereby swear or affirm that all information provided in this application, including supporting documentation (if any), is true and correct to the best of my knowledge.

Applicant Name (please print)

Signature Date