



Voluntary Conversion – WAS Fund Eligibility Application for Director Approval

INSTRUCTIONS: Please submit your completed application in person during the vehicle licensing process, by mail to the Consumer Protection Division, 700 5th Ave, Ste 4250, PO Box 94785, Seattle, WA 98124-7085 (ATTN: WAS Fund), OR by email to consumerprotection@seattle.gov. Please keep a copy of the completed application for your records.

Voluntarily converted Wheelchair Accessible Vehicles (WAVs) must comply with all eligibility requirements in Seattle Municipal Code 6.310, King County Code 6.64, City of Seattle Director’s Rules and King County Public Rules.

*****Director approval for the possibility of WAS Fund reimbursement does not guarantee payments from the WAS Fund. There are additional requirements that must be met before any reimbursement from the WAS Fund may happen.*****

Vehicle Owner Information:

First name		Last name	
Street address			Apt./Suite
City	State	Zip	
Phone	Email		
		Yes	No
For-Hire Driver’s License/Permit Number		WAT Endorsement? (Check one)	
Vehicle/Endorsement Number		Taxi Association/For-Hire Vehicle Co./TNC	
Vehicle Make	Vehicle Model	Vehicle Year	State License Plate Number
City Business License Number		UBI Number	
Taxi/for-hire medallion vehicles only:			
Check one:			
City medallion only	<input type="checkbox"/>	County medallion only	<input type="checkbox"/>
City and County medallion	<input type="checkbox"/>		<input type="checkbox"/>

Lease Driver 1 (complete only if applicable):

First name	Last name		

Street address	Apt./Suite		

City	State	Zip	

Phone	Email	Yes	No

For-Hire Driver's License/Permit Number	WAT Endorsement? (Check one)		

Lease Driver 2 (complete only if applicable):

First name	Last name		

Street address	Apt./Suite		

City	State	Zip	

Phone	Email	Yes	No

For-Hire Driver's License/Permit Number	WAT Endorsement? (Check one)		

Vehicle owner signature:

By signing below, I acknowledge that:

I understand the above listed voluntarily converted vehicle is not eligible for reimbursements for vehicle acquisition. I understand that certain requirements (including minimum operating requirements) must be met in order to receive reimbursements from the Fund.

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

Director Approval Granted/Denied (Official Use Only):

Date of Application Review: _____

Date Vehicle Inspections Completed: _____

Date Vehicle Licensing Completed: _____

Check One:

Approval **Granted**

Approval **Denied**

Reason for Denial: Moratorium in effect

One or more driver(s) not WAT endorsed

Other (describe):

Manager/Inspector Info:

Name (please print)

Signature

Date