

## Application Form for the 2019 Wheelchair Accessible Vehicle Grant Scheme

(See separate guidance note for information on making an application for a wheelchair accessible vehicle grant.)

### Section 1: Applicant details

First Name	<input type="text"/>
Surname	<input type="text"/>
PPS number	<input type="text"/>

**OR**

Company name	<input type="text"/>
Tax reference number	<input type="text"/>
Company number	<input type="text"/>
Trading as	<input type="text"/>

**AND**

Current address	<input type="text"/>	
Contact phone numbers	Landline <input type="text"/>	Mobile <input type="text"/>
Email (mandatory)	<input type="text"/>	

Do you hold valid electronic tax clearance certificate issued by Revenue	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

### Section 2: Vehicle licence category

Please tick <b>only one</b> box in this section	
1. I am applying for a new wheelchair accessible taxi or wheelchair accessible hackney licence.	Yes <input type="checkbox"/>
2. I already hold a wheelchair accessible vehicle licence and intend to change my vehicle on the same licence. If yes, please state the current SPSV <b>vehicle</b> licence number. (Your <b>vehicle</b> license number is located on the Tamper Proof Disks on the windscreen of your vehicle)	Yes <input type="checkbox"/> <input type="text"/>
3. I hold a standard taxi licence and intend to exchange the licence category to a wheelchair accessible taxi If yes, please state the current SPSV <b>vehicle</b> licence number. (Your <b>vehicle</b> license number is located on the Tamper Proof Disks on the windscreen of your vehicle)	Yes <input type="checkbox"/> <input type="text"/>

### Section 3: Age of Proposed Vehicle

#### Age of Proposed Vehicle

Please provide actual age of proposed vehicle if known or likely age if you have not yet identified a vehicle. This can be changed later if required. (Note: Vehicles six years or older are not eligible for grant assistance. The age of a vehicle is calculated from the date of registration)

- |   |                          |
|---|--------------------------|
| New (less than 3,000kms and 3 months old) | <input type="checkbox"/> |
| Less than 1 year                          | <input type="checkbox"/> |
| Less than 2 years                         | <input type="checkbox"/> |
| Less than 3 years                         | <input type="checkbox"/> |
| Less than 4 years                         | <input type="checkbox"/> |
| Less than 5 years                         | <input type="checkbox"/> |
| Less than 6 years                         | <input type="checkbox"/> |

### Section 4: SPSV driver licence details

Do you hold a valid SPSV driver's licence

Yes  No

If Yes, please state number of SPSV driver's licence (Your SPSV driver licence number is located on your PSV17 and on your ID cards)

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Have you had any prosecutions or complaints relating to SPSV operation made against you.

Yes  No

If yes, please outline details below:

### Section 5: Disability Awareness Training for SPSVs

Have you, or the driver(s) designated to operate the vehicle, undertaken an SPSV specific disability awareness training course during the last three years in relation to operating wheelchair accessible vehicles?

Yes

No

If yes, please provide a **copy** of the certificate with this application

### Section 6: Applicant's Declaration

1. I hereby apply for the 2019 Wheelchair Accessible Vehicle Grant. If I am successful in my application, the Authority will advise me in writing at the postal address provided in Section 1.
2. I declare that the particulars furnished above are true and accurate.
3. I accept that the Authority reserves the right to approve or reject my application for a grant.
4. I grant consent to the Authority to liaise with the Revenue Commissioners to confirm my tax clearance status.
5. If my application is successful and if I accept the provisional offer of a grant, I agree to be bound by the terms and conditions of such grant.

I accept that the Authority reserves the right to amend or terminate the grant scheme without notice at any time.

**Signed:**

(Applicant)

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**Date**

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### Section 7: Return of Form

#### Post

Taxi section – WAV Grant 2019  
PO Box 436  
City North Business Park  
Tuam Road  
Galway