



Voluntary Conversion – WAS Fund Eligibility Application for Provisional Approval

INSTRUCTIONS: Please submit your completed application 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.

******Provisional 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.******

ABOUT PROVISIONAL APPROVAL:

- Vehicle owners interested in voluntary conversion are strongly encouraged to apply for provisional approval for Wheelchair Accessible Services (WAS) Fund eligibility before acquiring a WAV or converting an existing vehicle.
- Applications for provisional approval will be approved if the following conditions are met:
 - All drivers associated with the vehicle have a valid WAT endorsement on their for-hire driver's license/permit.
 - The vehicle owner is otherwise in compliance with all requirements established by City and County codes ([SMC 6.310](#)¹ and [KCC 6.64](#)²).
 - A moratorium is not currently in effect on approving additional vehicles for WAS Fund reimbursement eligibility.
- After receiving provisional approval, the vehicle owner will have **90 days** to obtain an ADA-compliant WAV, complete the change-of-vehicle process, pass all required vehicle inspections, and place it into service. If the vehicle owner completes this process within the 90-day period, the vehicle owner will receive automatic approval from the Director as eligible for WAS Fund reimbursements, even if the Director imposes a moratorium sometime during the 90-day period.
- If the vehicle owner is unable to obtain an ADA-compliant WAV, complete the change-of-vehicle process, and/or place the WAV into service within 90 days, the vehicle owner may apply to the Director for a 90-day extension of the provisional approval. If the vehicle owner does not apply for an extension, or the application for an extension is denied by the Director, the provisional approval will expire.
- Vehicle owners who do not apply for provisional approval, or whose provisional approval has expired, may still apply for approval from the Director after acquiring an ADA-compliant WAV, during the change-of-vehicle process. However, if a moratorium is in effect at the time the vehicle owner applies for Director approval indicating WAS Fund eligibility, the application will be denied. The vehicle owner may re-apply at a later date, if/when the moratorium is lifted.

¹ https://library.municode.com/wa/seattle/codes/municipal_code?nodeId=TIT6BURE_SUBTITLE_IVNELICO_CH6.310TAFREVE_IVFREDRLIRE_6.310.415FREDRTRPR

² https://aqua.kingcounty.gov/council/clerk/code/09_Title_6.htm#_Toc28263365

Application for ***Provisional*** Approval

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	
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)	

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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 hereby swear or affirm that all information provided in this application is true and correct to the best of my knowledge.

Applicant Name (please print)

Signature Date

Provisional Approval Granted/Denied (Official Use Only):

Date of Application Review: _____

Check One:

Provisional Approval **Granted** Good Through: _____

Provisional 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