

Flip Seat Request PT Board Form 3

About this form: Use this form only if you are asking permission to use flip seats in taxis.

Note: *If the Board approves the use of flip seats, the Passenger Transportation Branch may require you to submit proof that the seats meet vehicle safety standards. See Division 10.07(5) of the Motor Vehicle Act Regulations.*

Applicant

Legal Name: _____

Number of Flip Seats

How many **accessible taxis** will have a flip seat? _____

How many **taxi vans** will have a flip seat? _____

Taxi Fleet Information

What is the main area that you operate in? _____

How many **accessible taxis** do you operate on a regular basis? _____

How many conventional taxis do you operate on a regular basis? _____

Flip Seat Proposal

Submit a **Flip Seat Proposal** that includes the following:

- Statement** that explains why you need to use flip seats.
- Evidence of public need** for flip seats.
- Number of trips** for persons who need an accessible taxi, if you are an existing licensee. Give a daily or weekly average. Submit data for at least six months.
- List of transportation service agreements** that your company has. Also, state whether taxis used under those contracts will have flip seats. For example, contracts may relate to the following: airports or airlines, cruise ship terminals, ferry terminals, travel agencies, postal workers, crew transportation, school boards, and hotels.
- A **Priority Dispatch Plan**. (See Reference Sheet 7: [Preparing an Accessible Service Plan.](#))

Exemption From Some Application Requirements

If your application is **only** to amend your licence to ask for express authorization for flip seats, you do not have to include the following in your application package:

1. Business plan and financial statements
2. PDV Vehicle Proposal
3. PDV Proposed Terms & Conditions of Licence

Other application requirements as listed in Application Guide 2 apply.