

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA  
TNC ACCESS FOR ALL  
WHEELCHAIR ACCESSIBLE VEHICLE INSPECTION DECLARATION FORM**

Carrier Name: \_\_\_\_\_

PSG#: \_\_\_\_\_

Pursuant to Decision 20-03-007 Ordering Paragraphs 14(c) and 15(h), all Wheelchair Accessible Vehicles (WAVs) operating on a TNC's platform shall be inspected and approved to conform with the Americans with Disabilities Act Accessibility Specifications for Transportation Vehicles within the past year.

TNCs shall be responsible for ensuring that each of their WAVs complies with this requirement and shall maintain records of such compliance for the duration of the program which is scheduled to sunset on January 1, 2026.

**CERTIFICATION**

**I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the above requirements that all WAVs operating on the TNC platform be inspected and approved to conform with the Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation Vehicles, and that I (we) am (are) to and will comply with it. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant/Officer

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Title of Corporate Officer