



# City of Chicago

## Business Affairs and Consumer Protection

Public Vehicle Operations Division • 2350 W. Ogden, First Floor • Chicago, IL 60608  
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### LICENSE SURRENDER FORM v.d 6.25.2019

LICENSE NUMBER: \_\_\_\_\_ LICENSE TYPE: \_\_\_\_\_  
(Taxi, Livery, Pedicab, Jitney, Charter, Medicar, etc.)

Email Address: \_\_\_\_\_

NAME OF LICENSE HOLDER: \_\_\_\_\_

I understand the following: I must return this public passenger vehicle license to active service by the "Return to Service Date" listed below. The vehicle may not be operated for hire during this period. Failure to return this license to service by the date ordered by BACP may result in the revocation of the license. I may be prosecuted by the City of Chicago if any statement made on this form is found to be false, either wholly or partially.

I hereby state that the license listed above is being surrendered as of today's date for the following reason(s):  
**Be as specific as possible and attach all relevant documentation.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Vehicle: \_\_\_\_\_

\* License will be returned to service on: \_\_\_\_\_  
RETURN TO SERVICE DATE

NAME OF PERSON SURRENDERING (Please Print) \_\_\_\_\_ SIGNATURE OF PERSON SURRENDERING \_\_\_\_\_

RELATIONSHIP TO LICENSE HOLDER \_\_\_\_\_ MANAGEMENT COMPANY (If Applicable) \_\_\_\_\_

#### BACP USE ONLY

APPROVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
BACP STAFF MEMBER

LICENSE SENT TO: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

DATE REACTIVATED: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

\* For taxis: this date must be no more than 100 days after the date the license is removed from service.

- LICENSE LOST OR STOLEN. Attached a copy of the police report.
- VEHICLE IN ACCIDENT. Attached a copy of the accident report.