# **Notice Section**

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the February 12, 2008 hearing.

# Notice Section: Item A

Consideration of the Taxi Commission to grant a Taxicab or Ramp Taxicab Medallion Holder Permit to:

Taxicab Permit Applicant:	List #:	Color Scheme:	Medallion Type:
1. Ernesto G. Diala	6-517	Arrow Cab	Alt. Fuel
2. Barry Korengold	6-521	Yellow Cab Co-Op	Alt. Fuel
3. Nollie P. Griffin	6-523	Big Dog City Cab	Alt. Fuel
4. Jessie Reyes	6-524	Royal Cab	Alt. Fuel
5. Mohammed Z.	6-878	DeSoto Cab	Ramp
Khan			
6. Demian	6-890	Black & White	Ramp
Volynsky		Checker Cab	
7. Lien Nguyen	6-933	Yellow Cab	Ramp
8. Maria Yuhas	6-993	Arrow Cab	Ramp

# CITY AND COUNTY OF SAN FRANCISCO



# TAXI COMMISSION MAYOR GAVIN NEWSOM

# *MEMORANDUM*

To:

**Honorable Commissioners** 

From:

Heidi Machen

**Executive Director** 

Date:

January 15, 2008

Re:

Medallion Applicants for Ramp and Alternative Fuel Medallions

# 1. Ernesto Diala, List# 6-517, Alt. Fuel

2004: 174 shifts2005: 1104 hours

2006: 1168 hours

o 2007: 162 shifts

# 2. Barry Korengold, List# 6-521, Alt. Fuel \*

o 2004: 783 hours, short 17 hours\*

o 2005: 0 hours, short 800 hours

o 2006: 942 hours

o 2007: 829 shifts

\*Per Yellow Cab Co-Op, they lost five waybills for the year 2004 totaling 43 hours. If these hours are included, his total for 2004 would be 826 hours.

#### 3. Nollie P. Griffin, List# 6-523, Alt. Fuel

o 2004: 840 hours

o 2005: 166 shifts

o 2006: 165 shifts

o 2007: 169 shifts

#### 4. Jessie C. Reyes, List# 6-524

o 2004: 204 shifts

o 2005: 177 shifts

o 2006: 229 shifts

o 2007: 244 shifts

#### 5. Mohammed Z. Khan, List# 6-878, Ramp

- o 2004: 240 shifts
- o 2005: 240 shifts
- o 2006: 234 shifts
- o 2007: 204 shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Hours/Shifts Driven: 488 hours
- Wheelchair Pick Ups: 108

# 6. Demian Volynsky, List# 6-890, Ramp

- o 2004: 797 hours, short 3 hours
- o 2005: 732 hours, short 68 hours
- o 2006: 1831 hours
- o 2007: 1645 hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Hours/Shifts Driven: 398 hours, short 2 hours
- o Wheelchair Pick Ups: 100
- o The Paratransit Coordinating Council does not recommend approval of a ramp medallion permit to Demian Volynsky. See attached PCC recommendation.

## 7. Lien Nguyen, List# 6-933, RAMP

- o 2004: Worked at King Cab, waybills lost
- o 2005: 854 hours
- o 2006: 1288 hours
- o 2007: 1420 hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Hours/Shifts Driven: 817 hours
- o Wheelchair Pick Ups: 113

#### 8. Maria Yuhas, List# 6-993, RAMP

- o 2004: 923 hours
- o 2005: 765 hours, short 35 hours
- o 2006: 924 hours
- o 2007: 1398 hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Hours/Shifts Driven: 400 hours
- o Wheelchair Pick Ups: 101

# Notice Section: Item B

Consideration of the Taxi Commission to <u>remove</u> the following applicant name(s) from the Taxicab/Ramp Taxi waiting list in accordance with Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

A	pplicant Name(s)	List #
1.	Marco A. Mora	6-514

# CITY AND COUNTY OF SAN FRANCISCO



# TAXI COMMISSION MAYOR GAVIN NEWSOM

# *MEMORANDUM*

To:

**Honorable Commissioners** 

From:

Heidi Machen

**Executive Director** 

Date:

January 17, 2008

Re:

Removal of Applicant Name from the Public Convenience Necessity Waiting

List: Marco A. Mora, List# 6-514

Mr. Marco A. Mora is being considered for removal from the Public Convenience Necessity Waiting List for failure to submit appropriate applications for the medallion permit. Mr. Mora was offered an alternative fuel medallion on October 24, 2007. The Taxi Commission staff contacted Mr. Mora on several occasions and has even given him multiple extensions to turn in the medallion applications and take the medallion test. As of January 17, 2008, Mr. Mora has not contacted the Taxi Commission office or attempted to turn in any of his applications for a medallion.

- October 24, 2007: Mr. Mora was given an offer letter for the alternative fuel medallion. The deadline to respond to the offer letter was November 14, 2007. All drivers are given the same amount of time and opportunity to respond to the offer letter.
- November 9, 2007: Mr. Mora responded to the offer letter. As with all applicants, he is given 30 days to complete the entire application process. The deadline to turn in all applications and take the medallion test was December 10, 2007.
- November 26, 2007: He submitted the required waybills for verification of the driving requirement.
- December 11, 2007, he informed Taxi Commission staff that he still had not been able to get an appointment see his doctor and have the medical examination form filled out. Staff provided additional time to complete the application process.
- December 19, 2007, Mr. Mora did not contact the Taxi Commission and did not turned in the medallion applications and did not take the medallion test.
- December 21, 2007 Final Deadline: Staff contacted Mr. Mora and gave him another extension to complete the application process.
- January 17, 2008, the Taxi Commission has not received Mr. Mora's medallion application and he has not taken his test.

# Notice Section: Item D

Consideration of the Taxi Commission to grant a Color Scheme Change to:

Medallion Holder Name:	Medallion #:	Change:
1. Sayed Bashir Rahimi	1135	Bay Cab to DeSoto Cab
2. Ahmad Ali Mozaffari	1272	Regents Cab to Royal Cab
3. Mikhail Oykherman	1250	Bay Cab to B&W Checker
4. Martin Andrew Jakob	479	Bay Cab to B&W Checker

No. 2157 'Y. Z

# TAXICAB COLOR SCHEME APPLICATION

7	COLORGONIE
	San Francisco Taxicab Commission

·	DALL DAM
NEW COLOR SCHEME *CHANGE OF COLOR SCHEME - From:	BAY CAB
(Complete both sides)  *YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSUR.	ANCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY – COMPLETE ENTIRE FOR	M
Applicant's Name (First, Middle, Least)	14151,
Dayed OSMIT FORMAN	
Applicant's Name (First, Middle, Last)  Sayed Bosu'r Polinmi  Residence Address (Street Address, City, State, Zip)  Ay, Pleasant Hi'll-	
ay, preuman 1,	Phone
Joint Applicant's Name (First, Middle, Lest)	( )
Residence Address (Street Address, City, State, Zip) Way. PLEASANA HI	26-
is this a Corporate permit?   No   Yes If yes, Name of Corporation:	
The late that want business name addite	es and phone number will be.
If this color scheme request is granted by the Taxicab Commission, list what your business name, address. (Street Address, City, State, Zip)	Business Phone
Business Name	( )
	Owner / Operator
Medallion Number(6)	☐ Gas & Gate
#1135	Long Term Lesses
1 1100	Long Term Second
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the fo	regoing is true and correct.
11/1/2 10.71 20 /28 at	San Francisco, California
Executed this 14th day of JANUARY .2008 at	Pro ( in C
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Saxen Oashir Vallani - Oftan	where of Applicant
Print Name of Applicant	
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Name of person authorized to sign for Color Scheme Holder:	
	GEN. MGR.
VINDI E. WIIIS	0
DESOT	TO CAB
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certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	correct.
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Signature of Objor Schema Holder / person aumorizes to age to: Cook	
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Agenda Notice Date()  221 ) \(\text{V}\)	Photos Submitted
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THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

\*\*\*\*\*\*\*\* DO NOT DETACH - REGISTERED OWNER INFORMATION



REGISTRATION CARD VALID FROM: 06/30/2007 TO: 06/30/2008 YR 1ST SOLD VLF CLASS \*YR TYPE VEH TYPE LIC LICENSE NUMBER YR MODEL MAKE 7 32X 0000 ..... AB 2007 2006 4ERC PM 2 C 03900

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9, 4, 2 YPE VEHICLE USE COMMERCIAL

PR EXP DATE: 06/30/2008 PR/HIST: TAXI AMOUNT PAID

\$ 17 00

EGISTERED OWNER BAY CAB CO AMOUNT DUE AMOUNT RECVD 999 PENNSYVANIA AVE

\$ 17.00 CASH: 20.00

CHCK: CRDT :

CASH BACK 94517

3.00 RECEIVEL

BAN FRANCISCO ACHERINGO PIAN

JAN 14 ZUU8

\$ 17.00

CA

SAN FRANCISCO



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

# CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:
POLICY NUMBER: 1
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION 25 VAN NESS AVENUE ROOM 420 SAN FRANCISCO CA 94102

NG

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or after the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

OUTHORIZED REPRESENTATIVE

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECEIVED

JAN 14 ZUU8

SAN FRANCISCO YALI COMMISSION

**EMPLOYER** 

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION DBA: DESOTO CAB COMPANY 555 SELBY ST SAN FRANCISCO CA 94124

# INSURANCE IDENTIFICATION CARD

(STATE) COMPANY NUMBER

COMPANY

POLICY NUMBER

YEAR 2006

WATIOWAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE EXPIRACION DATE

10/12/07 MAKE/MODEL

MERC AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

10/12/08 VEHICLE IDENTIFICATION NOMBER 2MEHM754

EXPIRATION DATE

VEHICLE AND PRESENTED UPON DEMAND THIS CARD MUST BE KERT IN THE INSURED

IN CASE OF ACCIDENT: Report all accidents To your Agent/Company as soon as possible. Obtain the following information:

1. Wane and address of each driver, passenger and witness.

2.Name of Insurance Company and policy number for each vehicle involved.

ACDRD 50 (1/83)

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SEE INPORTANT NOTICE ON REVERSE SIDE

SAN FRANCISCO, CA 94107 SFITA & AUTOS FOR HIRE 999 PENNSYLVANIA ST

BAY CAB # 1135

INSURED

# TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME ☐ *CHANGE OF COLOR SCHEME — From:	REGENT CAB
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURAI	NCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
A C. D. Many Pink Hiddio Look	Phone
	(5 <sup>n</sup>
Residence Address (Street Address, City, State, Zip)	
IS ERKELEY )	041 94704
Joint Applicant's Name (First, Middle, Last)	Phone
	( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit?   ▼ No □ Yes If yes, Name of Corporation:	
	:
If this color scheme request is granted by the Taxicab Commission, list what your business name, address	s and phone number will be.
Business Address (Street Address, City, State, Zip)	
\	(415) 643-9500
ROYAL TAX'I 2121 EVANS AVE #6	☑ Owner / Operator
Medalliou iscurper(2)	☐ Gas & Gate
1272	1
1212	Long Term Lease
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TO BE COMPLETED BY ACCEPTING COLOR SCHEME ON	LY
Name of person authorized to sign for Color Scheme Holder:	Title:
	PRESIDENT
NISHAN SWEIS	7,000,000
	A.v.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for ReyAL Taxi	icab Color Scheme
hereby give consent to the applicant named to use my color scheme.	
neregy give consent to the applicant harmon to use my seem of the	porto at
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	correct.
1.M - Sucio 01/04/	
	Date
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
	77
OFFICE USE ONLY	
Agenda Notice Date D1/22/pg Hearing Date 02/12/09 Decision of Taxicab Commission	New Declaration Signed 107 the Kind
Worker's Como Submitted: Insurance Submitted Paint Chips Submitted	Photos Submitted AN 1 1 2008

Receipt No.

CERTHOLDER COPY

NA

STATE COMPENSATION IN SUR AN CE FUND

P.O. BOX 420807, SAN FRANCISCO.CA 94142-0807

#### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2007

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 9
CERTIFICATE EXPIRES: 08-02-2008
05-02-2007/05-02-2008

CITY AND COUNTY OF SAN FRANCISCO SAN FRANCISCO TAXICAB COMMISSION 25 VAN NESS STE 420 SAN FRANCISCO CA 94102

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California insurance Commissioner to the employer named below for the policy period indicated,

This policy is not subject to cancellation by the Fund except upon30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or after the coverage afforded by the policy listed herein. Notwithstending any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

AUTHORIZED REPRESENTATIVE

PRESIDENT

ndor

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1800 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1800 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

C & J LEASING (A CORP.) DBA: ROYAL TAXI NA 2121 EVANS AYE # G SAN FRANCISCO CA 84124

> [RDA,SC] PRINTED : 08-14-2007

REV.2-06}

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# INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

POLICY NUMBER

10/12/07

10/12/08

PLSC YEAK MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2003

CHEV AGENCY/COMPANY ISSUING CARD 1G1NE52J43M623007

ABI BUSINESS INSURANCE SERVICES 32107 W. LINDERO CANYON RD #126

WESTLAKE VILLAGE, CA 91361

INSURED

REGENTS CAB # 1272 SFITA & AUTOS FOR HIRE
1301 6TH ST

COML 12/31/2007 TO 12/31/2008 31 TAXI

VEHICLE IDENTIFICATION MEMORE

Mf

CYLS. | DATE FIRST SOLD | CLASS | YR | Yr | Model |

TX

DATE SISSUED | TYPE VEH | MP | AX | WC | UNLADENIGICSW | TOTAL FEES PAID |

11/15/2007 32X | G 2 C 03060 \$126

CHRENC ON NEW

MOZAFFARI AHMAD ALI BERKELEY CA 94704-1060

# TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

Revised 11/04/2005

BAN FRANCISCO

NEW COLOR SCHEME (Complete both sides)  CHANGE OF COLOR SCHEME – From: (Complete front side only)	
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURAI	
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
	Phone
Mikhail Oykherman	(415)
Applicant's Name (First, Middle, Last)  Still Rhale Oykherman  Residence Address (Street Address, City, State, Zfp)  Street Star Francisco	A 94121
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? No Yes If yes, Name of Corporation:	
if this color scheme request is granted by the Taxicab Commission, list what your business name, address	Business Phone
Business Address (Street Address, City, Gate, Zip)	West 41 285-2800
	Owner / Operator
Medailion Number(s)  /25 C	Gas & Gate Long Term Lease
Please list the reason(s) why you are requesting this change:	
Better management	
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The same of the sa	
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the for	regoing is true and correct.
Executed this 16 day of Jan wary 2003 at 1	San Francisco, California
Mikhail Dykherman & Denishari	
Print Name of Applicant Sign	ature of Applicant
The sound of the s	
TO BE COMPLETED BY ACCEPTING COLOR SCHEME	Title:
Name of person authorized to sign for color actions actions.	in out to COD
bennady Epstreyn	MONGOTA
BEW	CHCCKCK.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for BEW	icab Color Scheme
hereby give consent to the applicant named to use my color scheme.	·
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	
12	120/07
	Data
Signature of Color Scheme Holder / person authorized to age for Color Scheme Holder	-
	······
OFFICE USE ONLY  Pacific of Taylor Commission	New Declaration Signed
Agenda Notice Date (1) 22 01) Hearing Date (2) 12 01) Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted Insurance Submitted Paint Chips Submitted	Photos Submitted
Receipt No. (A N 1) Amount 420 - IA	N 1 6 2048



Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100 San Francisco CA 94118 Tel (415) 752-4442 Fax (415) 752-4054

8 January 2008

# TO SAN FRANCISCO TAXICAB COMMISSION:

Bay Cab #1250 is currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that this same medallion will be added to Black & White Checker Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through Lincoln General Insurance Company.

Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

ACCENED

JAN 16 ZUUS

SAN FRANCISCO TAXI COMMISSION

7 TO 05/31/2008 IXAT 05/31/2007 VEHICLE CENTIFICATION NUMBER 161/ CHEV ANTE FIRM SOLD TX 00/00/2005 2005 2005 DATE ISSUED 05/26/2007 02780 \$100 3800 REGISTERED BAY CAB 999 PENNSYLVANIA AVE SAN FRANCISCO CA 94107-3451 OWNER LIENHOLDER W0008 R0041 L0029

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT HISTRUCTIONS

Militar da

TO REMOVE THE STICKER
PROM THE BACKING,
BEND STICKER AT SLIT AND PEEL SLOWLY.

INSTRUCTIONS FOR LYING STICKER TO LICENSE PLATE

GLEAN SURFACE THOROUGHLY, SCRAPE GEF ACQUAIN AYED STICKERS (STICKER YELL NOT STICK IF YET OR DIRTY), FUT, STICKER ON REAR LICENSE PLATE AS SHOWN BELOW:

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OTHERS: ipp Right Come

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At Reliand Gross Vehicle Weight of 10,001 lbs.
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RECEIVED

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SAN FRANCEICO TAXI COMPRESSON

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BAY CAB # 1250
SFITA & AUTOS FOR HIRE
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107
                                                                            INSURED
SEE IMPORTANT NOTICE ON REVERSE SIDE
                                                                                                                       AGENCY/COMPANY ISSUING CARD
                                                                            PUBLIC LIVERY INS SERVICES, INC
1380 EL CAJON BLVD, SUITE 212
EL CAJON, CA 92020
                                                                                                                                                          YEAR
                                                                                                                                                                      POLICY NUMBER
                                                                                                                                                                                        COMPANY NUMBER
                                                                                                                                                                                               (STATE) CA
                                                                                                                                                                                        INSURANCE IDENTIFICATION CARD
                                                                                                                                  LINCOLN GENERAL
EFFECTIVE DATE
10/12/07
MAKE/MODEL
                                                                                                                                                                             COMPANY
                                                                                                                                                  INSURANCE COMPANY
                                                                                                 EXPIRATION DATE
10/12/08
VEHICLE IDENTITICATION NUMBER
1G1AR52F25767 34
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PECENTED

JAN 1.6 2008

Da Conneggo

# TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

Companies for the state of Companies for the State of California that the foregoing is true and correct.    Note:   Control Co	•				San Francisco Taxicab Commission				
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM  Applicant's Name (First, Middle, Last)  A		NEW COLOR SCHEME	AT CHANGE OF	COLOR SCHEME - From:	BAY CAB				
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM  Applicant's Name (Final, Michia, Land)  Phone  Phone  Applicant's Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name (Final, Michia, Land)  Resignment Name, and phone number will be.  Submined Actions (Signer Actions Commission, list wheat your business name, address and phone number will be.  Submined Actions (Signer Actions Commission, list wheat your business name, address and phone number will be.  Submined Actions (Signer Actions Commission), list wheat your business name, address and phone number will be.  Submined Actions (Signer Actions Commission), list wheat your business name, address and phone number will be.  Submined Actions (Signer Actions Commission), list wheat your business name, address and phone number will be.  Submined Actions (Signer Actions Commission), list wheat your business name, address and phone number will be.  Submined Actions (Signer Actions Commission)  Resident Name of Commission (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission)  Resident Name (Signer Actions Commission									
Applicant's Name (Pints, Middins, Last)  Finalizant's Robins (Pints, Middins)  Finaliz									
Residence Address (Street Address, Chy, State, Ze)  Joint Applicant's Name (Friet, Modific, Lach)  Residence Address (Street Address, Chy, State, Ze)  Joint Applicant's Name (Friet, Modific, Lach)  Residence Address (Street Address, Chy, State, Ze)  Is this a Corporate permit? And	_		ASE PRIMI CLEARET	- OOM LETE ENTINE FOR					
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Is this a Corporate permit?			•		( )				
If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.   Subject Name   Business Address (Streat Address, City, State, Zic)   Business Phone   Business Phone   Business Address (Streat Address, City, State, Zic)   Business Phone   Phone   Business Phone   Phone   Business   Phone   Business   Phone   Business   Phone   Business   Phon		Residence Address (Street Address, City, State, Zip	)	• • · · · · · · · · · · · · · · · · · ·					
Business Name  Business Address (Street Address, Cyr, State, 49)  Medallon Number(6)  4 79  Please list the reason(s) why you are requesting this change:  Butter Management  I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed this Salbert day of Tanuary  20 8 at San Francisco, California  Martin Takeb  Print Name of person authorized to sign for Color Scheme Holder  Name of person authorized to sign for Color Scheme Holder  I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Business Color Scheme  I, the Color Scheme Holder / person authorized to use my color scheme.  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  EXEMABLY EPS HTEYD  I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Business Color Scheme  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  A certify (or declare) business durinctored is agnifer Color Scheme Holder  Signature of Color Scheme Holder / person Submitted  Print Chips Submitted		Is this a Corporate permit? Д No	Yes If yes, Name o	f Corporation:					
Business Name  Business Address (Street Address, Cyr, State, 49)  Medallon Number(6)  4 79  Please list the reason(s) why you are requesting this change:  Butter Management  I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed this Salbert day of Tanuary  20 8 at San Francisco, California  Martin Takeb  Print Name of person authorized to sign for Color Scheme Holder  Name of person authorized to sign for Color Scheme Holder  I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Business Color Scheme  I, the Color Scheme Holder / person authorized to use my color scheme.  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  EXEMABLY EPS HTEYD  I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Business Color Scheme  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  A certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  A certify (or declare) business durinctored is agnifer Color Scheme Holder  Signature of Color Scheme Holder / person Submitted  Print Chips Submitted			the Testeron Commission II	of what your business name, addr	ace and abone number will be				
Median Number(9)  Please list the reason(s) why you are requesting this change:  Bitter Management  I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed this I be the day of January, 2008 at San Francisco, California  Martin Takab  Print Name of Applicant  TO BE COMPLETED BY ACCEPTING COLOR SCHEME  Name of person authorized to sign for Color Scheme Holder for BEW CHECKER  I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for BEW CHECKER  It certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed this BeW CHECKER  Takena Color Scheme  Title:  Thereby give consent to the applicant named to use my color scheme.  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed this BeW CHECKER  Takena Color Scheme Holder / person authorized to sign for Clour Scheme Holder  Signature of Color Scheme Holder / person authorized to sign for Clour Scheme Holder  Foreign USE ONLY  Agendia Notice Date Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted  Photos Submitted		If this color scheme request is granted by	Ducinons Address (Street Addr	aca City State Zin)	Rusiness Phone				
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Please list the reason(s) why you are requesting this change:  **Battler** Management**  I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed this ** Ibrk** day of ** January** 200 8 at San Francisco, California  **Marth Takab**  **Print Name of Applicant**  **TO BE COMPLETED BY ACCEPTING COLOR SCHEME**  Name of person authorized to sign for Color Scheme Holder for ** Title: ** m#n A6CR**  I, the Color Scheme Holder! person authorized to sign for the Color Scheme Holder for ** Ex WABY EPS #TE.YO**  I, the Color Scheme Holder! person suthorized to sign for the Color Scheme Holder for ** Ex W CHECKEK**  Hereby give consent to the applicant named to use my color scheme.  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  ** Level **			999 1 61110-126	HAVE TILL	A Owner / Operator				
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Executed this	,	(We) certify (or declare) under penalty of	of perjury under the laws of	f the State of California that the f	oregoing is true and correct.				
Martin Takeb  Print Name of Applicant  TO BE COMPLETED BY ACCEPTING COLOR SCHEME  Name of person authorized to sign for Color Scheme Holder:  SENNABY EPSHTEYN  I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for  hereby give consent to the applicant named to use my color scheme.  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder  OFFICE USE ONLY:  Agenda Notice Date  Worker's Comp Submitted  Received by:  Received by:  Received by:  Amount  Amount  Amount  Amount  Amount  Date  Paire  Armount  Amount  Date  Date  Paire  Amount  Amount  Date  Date  Amount  Date  Date  Date  Amount  Date  Dat	,	Free stand this \$16.44 day of			•				
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TO BE COMPLETED BY ACCEPTING COLOR SCHEME  Name of person authorized to sign for Color Scheme Holder:    Filter	V	Martin Jakob	>	Marter Jobs					
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I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for BEW CHECKER  Taxicab Color Scheme  hereby give consent to the applicant named to use my color scheme.  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder  OFFICE USE ONLY:  Agenda Notice Date 2200 Hearing Date 2200 Decision of Taxicab Commission New Declaration Signed  Worker's Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted Date  Receipt No. Amount Date	F			CEPTING COLOR SCHEME					
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Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100 San Francisco CA 94118 Tel (415) 752-4442 Fax (415) 752-4054

8 January 2008

## TO SAN FRANCISCO TAXICAB COMMISSION:

Bay Cab #479 is currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that this same medallion will be added to Black & White Checker Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through Lincoln General Insurance Company.

Sincerely,

Dmitry Frenkov Agent/Broker

DIE/ece

RECENTED

JAN 1 5 2008

SANTRANCISTAS TAXI CONTINSPLAN THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

DO NOT DETACH - REGISTERED OWNER INFORMATION



REGISTRATION CARD VALID FROM: 12/31/2007 TO: 12/31/2008 LICENSE NUMBER TYPE LIC TYPE VEH \*YR VLF CLASS YR 1ST SOLD YR MODEL MAKE 31 37X 2005 0000 ΑV 2001 DAEW VEHICLE ID NUMBER WC UNLADEN/G/CGW ΑX MO MP BODY TYPE MODEL KLAV. 03100 2 NZG.  $\mathbf{T}\mathbf{X}$ STICKER ISSUED DT FEE RECVD PIC CC/ALCO DATE ISSUED TYPE VEHICLE USE 12/27/07 38 12/27/07 COMMERCIAL PR EXP DATE: 12/31/2007 PR/HIST: TAXI AMOUNT PAID 90.00

REGISTERED OWNER MARTIN JAKOB A AMOUNT RECVD AMOUNT DUE OR BAY CAB 999 PENNSYLVANIA AVE

CASH : 90.00 CHCK:

SAN FRANCISCO 94107 CA

JAN 16 2008

SAN FRANCE(C) WAI COMMISSION

LIENHOLDER

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CRDT:

#### INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CACO

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2001 DAEWOO AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

#### INSURED

BAY CAB # 479 SFITA & AUTOS FOR HIRE 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

JAN 16 2008

COMPANYMA WING COMPAGEMENT