

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. Khan	6-878	DeSoto Cab	Ramp
6. Demian Volynsky	6-890	Black & White Checker Cab	Ramp
7. Lien Nguyen	6-933	Yellow Cab	Ramp
8. Maria Yuhas	6-993	Arrow Cab	Ramp



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 shifts
- 2005: 1104 hours
- 2006: 1168 hours
- 2007: 162 shifts

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

- 2004: 783 hours, short 17 hours*
- 2005: 0 hours, short 800 hours
- 2006: 942 hours
- 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

- 2004: 840 hours
- 2005: 166 shifts
- 2006: 165 shifts
- 2007: 169 shifts

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

- 2004: 204 shifts
- 2005: 177 shifts
- 2006: 229 shifts
- 2007: 244 shifts

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

- 2004: 240 shifts
- 2005: 240 shifts
- 2006: 234 shifts
- 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.

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

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

- 2004: 797 hours, short 3 hours
- 2005: 732 hours, short 68 hours
- 2006: 1831 hours
- 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.

- Hours/Shifts Driven: 398 hours, short 2 hours
- Wheelchair Pick Ups: 100
- 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

- 2004: Worked at King Cab, waybills lost
- 2005: 854 hours
- 2006: 1288 hours
- 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.

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

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

- 2004: 923 hours
- 2005: 765 hours, short 35 hours
- 2006: 924 hours
- 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.

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

Notice Section: Item B

Consideration of the Taxi Commission to remove 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:

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



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

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: BAY CAB
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Sayed Boshir Rahimi</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>ay. Pleasant Hill</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip) <u>way. Pleasant Hill</u>		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name	Business Address (Street Address, City, State, Zip)	Business Phone ()
Medallion Number(s) <u>#1135</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:

NO WORKMAN IS THE CITY.

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 14th day of JANUARY, 2008 at San Francisco, California

Sayed Boshir Rahimi
Print Name of Applicant

Sayed Boshir Rahimi
Signature of Applicant

TO BE COMPLETED BY REGISTERED COLOR SCHEME HOLDERS ONLY

Name of person authorized to sign for Color Scheme Holder: <u>CINDY L. WARD</u>	Title: <u>GEN. MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB</u> 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.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>1/14/08</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>01/22/08</u>	Hearing Date <u>01/21/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No. <u>644146</u>	Amount <u>\$291</u>	Date <u>14 2008</u>

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

MAKE	YR MODEL	YR 1ST SOLD	VLFC CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2006	0000	AB	2007	32X	31	7
ODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
EX	G	PM	2	C	03900	2MEHM	
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	01/14/08		38	01/14/08	9		
PR/HIST: TAXI						PR EXP DATE: 06/30/2008	

REGISTERED OWNER
 BAY CAB CO
 999 PENNSYLVANIA AVE

 SAN FRANCISCO
 CA 94517

AMOUNT DUE	AMOUNT RECVD
\$ 17.00	CASH : 20.00
	CHCK :
	CRDT :
CASH BACK	: 3.00

AMOUNT PAID \$ 17.00

RECEIVED

JAN 14 2008

SAN FRANCISCO
 TAXI COMMISSION

**STATE
COMPENSATION
INSURANCE
FUND**

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 alter 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.

James Neary
AUTHORIZED REPRESENTATIVE

J. Andor
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.

EMPLOYER

RECEIVED

JAN 14 2008

SAN FRANCISCO
TAXI COMMISSION

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

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY

YEAR

EFFECTIVE DATE

10/12/07

2006

MAKE/MODEL

10/12/08

AGENCY/COMPANY ISSUING CARD

VEHICLE IDENTIFICATION NUMBER

2MEHM75M

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

INSURED

BAY CAB # 1135
SFITA & AUTOS FOR HIRE
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

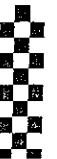
1. Name and address of each driver,
passenger and witness.
2. Name of Insurance Company and policy
number for each vehicle involved.

ACORD 50 (1/83)

RECEIVED

JAN 14 2006

SAN FRANCISCO
CALIFORNIA



TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: REGENT CAB
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>AHMAD ALI MOZAFFARI</u>		Phone (5...)
Residence Address (Street Address, City, State, Zip) <u>... EY BERKELEY, CA, 94704</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE #6</u>	Business Phone <u>(415) 643-9500</u>
Medallion Number(s) <u>1272</u>		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please list the reason(s) why you are requesting this change:

FOR BETTER RADIO & TO GO WITH A COMPANY THAT HAS
WORKER COMP POLICY

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 04th day of JAN 2008 at San Francisco, California,
AHMAD ALI MOZAFFARI [Signature]
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>MISHAN SWEIS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> 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.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>01/04/08</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>01/22/08</u>	Hearing Date <u>02/12/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>[Signature]</u>
Worker's Comp Submitted <u>[Signature]</u>	Insurance Submitted <u>[Signature]</u>	Paint Chips Submitted	Photos Submitted <u>JAN 11 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>1244145</u>	Amount <u>291</u>	Date

CERTHOLDER COPY

NA

**STATE
COMPENSATION
INSURANCE
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: 3
CERTIFICATE EXPIRES: 05-02-2008
05-02-2007/05-02-2008

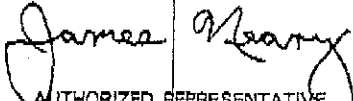
CITY AND COUNTY OF SAN FRANCISCO NA
SAN FRANCISCO TAXICAB COMMISSION
25 VAN NESS STE 420
SAN FRANCISCO CA 94102

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 alter 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.


AUTHORIZED REPRESENTATIVE


PRESIDENT

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 #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

C & J LEASING (A CORP.) DBA: ROYAL TAXI NA
2121 EVANS AVE # G
SAN FRANCISCO CA 94124

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TG
ROYALCU

DATE (MM/DD/YYYY)
01/02/08

PRODUCER
Y. A. Tittle Insurance
& Financial Services
1890 N. Shoreline Blvd., 2nd F
Mountain View CA 94043
Phone: 650-856-2120 Fax: 650-856-3971

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Nishan Sweis / C & J Leasing
dba / Royal Taxi Company Inc.
Nishan Sweis
2121 Evans Avenue, STE G
San Francisco CA 94124

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Mount Vernon Fire Ins. Co.	
INSURER B:	National Interstate	32620
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY		01/23/07	01/23/08	EACH OCCURRENCE \$ \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$500,000/YY
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ \$51,000/08
					PERSONAL & ADV INJURY \$ \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COM/PO/ AGG \$ INCLUDED
B	AUTOMOBILE LIABILITY		10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) NAIC # \$ \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 32620
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
	GARAGE LIABILITY				OTHER THAN AUTO ONLY: EA ACC \$
	<input type="checkbox"/> ANY AUTO				AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ \$1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ \$500,000/YY
	DEDUCTIBLE				\$ \$1,000/08
	RETENTION \$				\$ \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER \$ INCLUDED
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

MEDALLION #1190 2004 FORD VIN #1FAYP52W531000100
MEDALLION #1172 2004 TOYOTA VIN #JTDDBE32K0700000000

THE CITY AND COUNTY OF SAN FRANCISCO, THE POLICE COMMISSION AND THE AIRPORT COMMISSION OF THE CITY AND COUNTY OF SAN FRANCISCO AND ALL THEIR OFFICERS AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

TAXICOM

THE CITY AND COUNTY OF SAN FRANCISCO TAXICAB COMMISSION
25 VAN NESS AVENUE, STE. 420
SAN FRANCISCO CA 94102-6055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Paul Batmale

INSURANCE IDENTIFICATION CARD

(STATE) CA
COMPANY NUMBER

POLICY NUMBER
PLSC
YEAR
2003

AGENCY/COMPANY ISSUING CARD

COMPANY

NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE
10/12/07

MAKE/MODEL
CHEV

EXPIRATION DATE
10/12/08

VEHICLE IDENTIFICATION NUMBER
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

REGISTRATION VALID FROM
COML 12/31/2007 TO 12/31/2008 TYPE 31 LICENSE NUMBER
TAXI

VEHICLE IDENTIFICATION NUMBER	Mf	CYLS.	1	DATE FIRST SOLD	00/00/2002	CLASS	CH	MAKE	CHEV	Yr. Model	2004 2003
BODY TYPE MODEL	TX	TYPE VEH.		MP	AX	WC	UNLADEN/G/GW	TOTAL FEES PAID			
DATE ISSUED	11/15/2007	32X		G	2	C	03060	\$126 0100			

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MOZAFFARI AHMAD ALI
BERKELEY CA 94704-1060

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: BAY CAB
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Mikhail Dykherman</u>		Phone (415) _____
Residence Address (Street Address, City, State, Zip) <u>_____ Street SAN FRANCISCO CA 94121</u>		
Joint Applicant's Name (First, Middle, Last)		Phone () _____
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name <u>B&W CHECKER</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE. S.F. CA 94107</u>	Business Phone <u>415 285-3800</u>
Medallion Number(s) <u>1250</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:

Better 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 16 day of January, 2008 at San Francisco, California

Mikhail Dykherman _____
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>bennady Epshteyn</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B&W CHECKER</u> 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 <u>[Signature]</u>	Date <u>12/20/07</u>

OFFICE USE ONLY

Agenda Notice Date <u>01/22/08</u>	Hearing Date <u>02/12/08</u>	Decision of Taxicab Commission <u>REC'D</u>	New Declaration Signed <u>FILED</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>641148</u>	Amount <u>\$291</u>	Date <u>JAN 16 2008</u>



Farmers Insurance Group of Companies

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

RECEIVED

JAN 16 2008

SAN FRANCISCO
TAXI COMMISSION

Regest

1250

COML 05/31/2007 TO 05/31/2008 31 TAXI

VEHICLE IDENTIFICATION NUMBER
1G1/
BODY TYPE MODEL
TX
DATE ISSUED
05/26/2007

REGISTRATION VALID THRU				TYPE		LICENSE NUMBER	
00/00/2005				BH		2005 2005	
TYPE VEH.	MP	AK	AD	UNLADEND/COV	TOTAL FEES PAID		
32X	G	2	B	02780	4100 3800		

BAY CAB
999 PENNSYLVANIA AVE
SAN FRANCISCO CA 94107-3451

PERMIT TO OPERATE

LICENSE OF REGISTERED



W0008
R0041
L0029

1420517

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

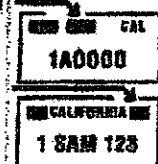
M7278765

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

INSTRUCTIONS FOR APPLYING STICKER TO LICENSE PLATE
1. CLEAN SURFACE THOROUGHLY. SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE AS SHOWN BELOW.

MOTORCYCLE:
Right Half of Title Wall

ALL OTHERS:
Top Right Corner



EXCEPT:
Truck, Tractor and Commercial Vehicles With A Declared Gross Vehicle Weight of 10,001 lbs. or more - Must Apply Sticker To Front Plate

RECEIVED

JAN 16 2008

SAN FRANCISCO TAXI COMMISSION

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER (STATE) CA

POLICY NUMBER

YEAR 2005

AGENCY/COMPANY ISSUING CARD CHEV

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

INSURED

BAY CAB # 1250
SETTA & AUTOS FOR HIRE
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

COMPANY LINCOLN GENERAL

EFFECTIVE DATE 10/12/07

MAKE/MODEL CHEV

INSURANCE COMPANY

EXPIRATION DATE 10/12/08

VEHICLE IDENTIFICATION NUMBER 1G1AK52F25763 J4

1250

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JAN 16 2008
SAN FRANCISCO
TAX COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: BAY CAB
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Jako Martin Andrew Jakob</u>		Phone <u>(415) - ...</u>
Residence Address (Street Address, City, State, Zip) <u>... Ca. 94103</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>B&W CHECKER</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94107</u>	Business Phone <u>(415) 285-3800</u>
Medallion Number(s) <u>479</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:

Better 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 16th day of January, 2008 at San Francisco, California

Martin Jakob Martin Jakob
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>BENNADY EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B&W CHECKER</u> 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.	
<u>Benny Epshteyn</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>12/20/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>1/22/08</u>	Hearing Date <u>2/12/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>3</u> 2008
Received by: <u>Danielle</u>	Receipt No. <u>64149</u>	Amount <u>\$291-</u>	Date <u>SAN FRANCISCO</u>

RECEIVED
JAN 20 2008
SAN FRANCISCO
Revised 11/04/2005



Farmers Insurance Group of Companies

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 Erenkov
Agent/Broker

DIE/ece

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JAN 15 2008

SAN FRANCISCO
TAXI COMMISSION

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 *****

479



REGISTRATION CARD VALID FROM: 12/31/2007 TO: 12/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VL F CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DAEW	2001	0000	AV	2005	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	G	NZ	2	C	03100	KLAV:	
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	12/27/07		38	12/27/07	9	PR EXP DATE: 12/31/2007	
REGISTERED OWNER	PR/HIST: TAXI				AMOUNT PAID		
MARTIN JAKOB A					\$ 90.00		
OR BAY CAB			AMOUNT DUE	AMOUNT RECVD			
999 PENNSYLVANIA AVE			\$ 90.00	CASH :			
SAN FRANCISCO				CHCK :			
CA	94107			CRDT :			

RECEIVED

JAN 16 2008

SAN FRANCISCO TAXI COMMISSION

LIENHOLDER

INSURANCE IDENTIFICATION CARD

#479

(STATE) CA

COMPANY NUMBER

COMPANY

LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CAC0

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

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

JAN 16 2008

SAN FRANCISCO
LAW COMMISSION