

Address and Company Change Form

Division of Taxis & Accessible Services
 (Not to Be Used For Name Changes)

PLEASE PRINT LEGIBLY

Name _____
First Middle Initial Last

Driver's License # _____ Badge# _____

Phone # (____) _____

CHANGE OF ADDRESS

New Address _____
Street Address

City State Zip Code

Old Address _____
Street Address

City State Zip Code

CHANGE OF EMPLOYER/COMPANY

New Employer _____ Start Date _____

Old Employer _____

Are you a Medallion Holder? No Yes, if yes, what is your medallion number? _____

Are you on the Medallion Waiting List? No Yes

I declare under the penalty of perjury that the above information is true and correct.

Signature _____ Date _____

*Mail or Fax Completed Form to: 1 S. Van Ness Avenue, 7th Floor, SF, CA 94103; Fax Number: (415) 701-5437

FOR OFFICE USE ONLY

Received by _____ Date _____ Processed by _____ Date _____

_____ Received by SFMTA DTAS, forwarded to TAX COLLECTOR