

TAXICAB DISPATCH APPLICATION

Division of Taxis & Accessible Services

NEW DISPATCH CHANGE OF DISPATCH – From: _____ To: _____

TO BE COMPLETED BY COLOR SCHEME- PLEASE PRINT CLEARLY

Color Scheme Manager Name (First, Last)	Direct Phone # ()
Color Scheme Name	Business Phone # ()
Business Address (Street Address, City, State, Zip)	New Dispatch Phone# ()
Reason for change: _____	

Signature of Authorized Person _____	Title _____ Date _____

TO BE COMPLETED FOR NEW DISPATCH COMPANIES ONLY

Address of Dispatch Location: (Street Address, City, State, Zip)	
Business Number: ()	Dispatch Number: ()
Will your new dispatch company agree to be in compliance with the SFMTA DTAS Rules and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY THE ACCEPTING DISPATCH COMPANY FOR CHANGE OF DISPATCH ONLY

Name of Dispatch Service:	Address:
I, _____, the person authorized to sign for the Dispatch Service <small>Print Name of Authorized Person of Dispatch Service</small> hereby give consent to the applicant named to use this dispatch service.	
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 Authorized Person _____	Title _____ Date _____

OFFICE USE ONLY

Notice Date	Hearing Date	SFMTA DTAS Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Received by:	Receipt No.	Amount	