

[Note: this is only a list of the items to be filled in on the form. You may only submit an actual form sent to you by SFMTA Division of Taxis & Accessible Services]

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
SFMTA Division of Taxis & Accessible Services

Applicant's Name (First, Middle, Last)

Type of Medallion Applying for:

Regular Ramp

Residence Address (Street Address, City, State, Zip)

Mailing Address (If different than residence address)

Residence Phone Number: ()

Hours Available at this Number: Alternate Phone Number: ()

Hours Available at this Number:

Social Security Number Other name(s) used

California Driver's License Number / Expiration Year Date of Birth Place of Birth

Race (Optional) Gender

M / F Height Weight Eye Color Hair Color

Color Scheme / Business Name Business Number

()

Color Scheme / Business Address (Street Address, City, State, Zip)

Are you a U.S. Citizen? Yes No Alien Resident Card Number:

Are you currently an active driver and hold a current Public Passenger Vehicle

Driver Permit (A-Card)? No Yes

What date was your permit (A-Card) first issued: Permit #:

Has this permit ever been revoked? No Yes, if yes, explain:

Per TC §1104(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? No Yes, if yes, explain:

Were you previously a medallion holder? No Yes, Medallion # _____ If

you answered 'Yes' to the previous question, was the medallion permit ever

revoked? No Yes, If yes, explain for what cause:

Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary):

[space provided]

OFFICE USE ONLY

Received by: Receipt No. Amount Date Received:

Notice Date: Hearing Date: DTAS Decision: Approved Denied

[end of Office Use Only section]

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to Transportation Code Section 1104(c)(3).

Yes No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date

To Date

Residence Address (Street Address, City, State, Zip)

[table with six rows for the above three columns]

How long have you lived within a 30 mile radius of San Francisco?

_____years _____months

How many years driving experience do you have in San Francisco?

_____ years _____months

Are you physically qualified to drive a standard vehicle safely?

Yes No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date

To Date

Company Name

Address (Street Address, City, State, Zip)

Type of Work

[table with six rows for the above five columns]

Are you currently or have you ever been an employee of the SFMTA? No Yes, if yes, provide the date(s) you were employed and position(s) held (attach additional pages if necessary):

Have you ever been convicted of, or plead guilty or No Contest to any crime? No Yes, if yes, provide the information required below.

(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense
Date
Place of Arrest
Disposition

[table with six rows for the above four columns]

Is your eyesight impaired? Yes No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.
Is your hearing impaired?
 Yes No

Do you have any physical impairments? No Yes, if yes describe the impairment:

Have you ever had: Epilepsy Yes No Vertigo Yes No Heart Trouble Yes No

Are you now, or have you ever been,
Addicted to the use of intoxicating liquor? Yes No Any Narcotic Drug? Yes No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

[space to answer the above question]

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? Yes No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? Yes No

Read each section and sign initials to the left of each section if you agree and understand.

_____ I understand that in addition to the Transportation Codes adopted by the SFMTA DTAS and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

_____ I understand that there may be sections of the Transportation Code and San Francisco Municipal Code that are applicable to my business and/or permit. There are copies of the Transportation Code and San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

_____ I will actively and personally engage as a full-time driver under any permit issued to me for at 156 four-hour shifts or 800 hours during each calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.

Executed on this _____ day of _____, 20 _____ at San Francisco, California.

Signature of Applicant