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 December 11, 2007 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. Yared Ephrem	6-493	Yellow	Alt. Fuel
2. Manohar S. Bawa	6-497	Yellow	Alt. Fuel
3. Lawrence Kelley	6-504	National	Alt. Fuel
4. Dean Olsen	6-508	Yellow	Alt. Fuel
5. Bernard Schnatter	6-511	DeSoto	Alt. Fuel
6. Jamal Tawasha	6-491	Luxor	Alt. Fuel
7. Chris Hoang	6-938	Luxor	Ramp
8. Rafael Machkovsky	6-954	Town	Ramp
9. Kham Ta	6-967	Yellow	Ramp
10. David Kreutner	6-982	Luxor	Ramp
11. Ghassan Hammoudeh	7-021	Luxor	Ramp
12. George Wade	7-029	Yellow	Ramp
13. Tan Vuong	7-033	Luxor	Ramp

CITY AND COUNTY OF
SAN FRANCISCO

TAXI COMMISSION
MAYOR GAVIN NEWSOM

MEMORANDUM

To: **Honorable Commissioners**

From: **Heidi Machen**
Executive Director

Date: **November 21, 2007**

Re: **Medallion Applicants for Ramp and Alternative Fuel Medallions**

---

1. **Yared Ephrem, List# 6-493, Alternative Fuel Medallion**
   - 2004: 789 hours
   - 2005: 212 shifts
   - 2006: 469 hours, short 331 hours
   - 2007: 669 hours, short 131 hours

2. **Manohar S. Bawa, List# 6-497, Alternative Fuel Medallion**
   - 2005: 208 shifts
   - 2006: 214 shifts
   - 2007: 161 shifts

3. **Lawrence Kelley, List# 6-504, Alternative Fuel Medallion**
   - 2004: 837 hours
   - 2005: 825 hours
   - 2007: 922 hours

4. **Dean Olsen, List# 6-508, Alternative Fuel Medallion**
   - 2005: 163 shifts
   - 2006: 174 shifts
   - 2007: 188 shifts

5. **Bernard Schnatter, List# 6-511, Alternative Fuel Medallion**
   - 2004: 211 shifts
   - 2005: 159 shifts
   - 2006: 1305 hours

6. **Jamal Tawasha, List# 6-491, Alternative Fuel Medallion**
   - 2004: 214 shifts
   - 2006: 234 shifts
   - 2007: 167 shifts

7. **Chris Hoang, List# 6-938, RAMP**
   - 2005: 173 shifts
   - 2006: 184 shifts
   - 2007: 189 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.
   - Last 6 months: 588 hours
   - Wheelchair Pick Ups: 105

8. **Rafael Machkovsky, List# 6-954, RAMP**
   - 2005: 204 shifts
   - 2006: 196 shifts
   - 2007: 180 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.
   - Last 6 months: 180 hours
   - Wheelchair Pick Ups: 63

9. **Kham Ta, List# 6-967, RAMP**
   - 2005: 211 shifts
   - 2006: 245 shifts
   - 2007: 243 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.
   - Last 6 months: 533 hours
   - Wheelchair Pick Ups: 105

10. **David Kreutner, List# 6-982, RAMP**
    - 2005: 1370 hours
    - 2006: 1520 hours
    - 2007: 850 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.
    - Last 6 months: 350 hours, short 50 hours
    - Wheelchair Pick Ups: 86, short 14 pick ups

11. **Ghassan Hammoudeh, List# 7-021, RAMP**
    - 2005: 1100 hours
    - 2006: 266 shifts
    - 2007: 161 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.
    - Last 6 months: 161 shifts
    - Wheelchair Pick Ups: 161

12. George Wade, List# 7-029, RAMP

- 2004: 189 shifts
- 2005: 179 shifts
- 2006: 209 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.

- Last 6 months: 432 hours
- Wheelchair Pick Ups: 0 *Did not mark pick ups on waybills.

13. Tan Vuong, List# 7-033, RAMP

- 2004: 1377 hours
- 2006: 998 hours
- 2007: 962 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.

- Last 6 months: 565 hours
- Wheelchair Pick Ups: 102

Notice Section: Item E

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

Medallion Holder Name:	**Medallion #:**	**Change:**
1. William H Case	1103	American to Yellow Cab
2. Theodore Gray	150	Luxor to DeSoto
3. George Lancia	846	Worldwide to SF Taxi Cab
4. Evern Byrd	1031	Worldwide to SF Taxi Cab
5. Steve Goldstein	923	Worldwide to SF Taxi Cab
6. Keith Raskin	1137	Worldwide to B&W Checker
7. Carol Fenner	953	Worldwide to B&W Checker

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)

G CHANGE OF COLOR SCHEME – From: AMERICAN (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): WILLIAM H. CASE	Phone: (510)
Residence Address (Street Address, City, State, Zip): AVE BERKELEY, CA 94708	
Joint Applicant's Name (First, Middle, Last):	Phone: ( )
Residence Address (Street Address, City, State, Zip):	
Is this a Corporate permit? G No G 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: YELLOW CAB	Business Address (Street Address, City, State, Zip): 1200 MISSISSIPPI S.F. 94107	Business Phone: (415) 333 3333
Medallion Number(s): #1103		G Owner / Operator G Gas & Gate G Long Term Lease

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

Business opportunity

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 20TH day of November, 2007 at San Francisco, California

Bill Case — Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Nathan Dwire	Title: President

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Yellow, 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] — Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

Nov. 16, 2007 — Date

OFFICE USE ONLY

Agenda Notice Date 11/27/07	Hearing Date 12/11/07	Decision of Taxicab Commission	New Declaration Signed RECEIVED
Worker's Comp Submitted yes	Insurance Submitted yes	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No. 644055	Amount 291 —	Date NOV 20 2007

(Rev. 03/10/05)

G:/My Files/Forms/Taxicab Color Scheme Application.doc

SAN FRANCISCO TAXI COMMISSION

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 2282

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation) has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE:

THE 16th DAY OF June 19 2003

MANAGER
MARK B. ASHCRAFT

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

DIRECTOR
CHUCK CAKE

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: *(a)* Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; *(b)* Discharging his compensation obligations in a dishonest manner; *(c)* Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

FORM A-4-10 A

87 45617

CALIFORNIA AUTO INSURANCE IDENTIFICATION CARD

NAME OF INSURED

SF AMERICAN TAXICAB, INC.
120 WILLOW STREET
SAN FRANCISCO, CA 94109

PHONE: 415-775-3114
POLICY NO: AC
EFFECTIVE DATE: OCT 12, 2006
EXPIRATION DATE:OCT 12, 2007

MERCURY INSURANCE COMPANY

VEHICLE DESCRIPTION

FLEET # 1103

2005 FORD VIN #

LICENSE # 8

REGISTRATION VALID FROM / TYPE / LICENSE NUMBER

COML 06/30/2007 TO 06/30/2008 31 TAXI

VEHICLE IDENTIFICATION NUMBER

MAKE: FORD

BODY TYPE MODEL: TX

CYLS.	DATE FIRST SOLD	CLASS	YR	Yr. Model
	00/00/2005	EA	2006	2005

DATE ISSUED: 06/19/2007

TYPE VEH.	MP	AX	WC	UNLADEN/GCGW	TOTAL FEES PAID
32X	G	2	C	03980	$189

3800

REGISTERED OWNER

SF AMERICAN TAXI CAB INC
120 WILLOW ST
SAN FRANCISCO CA 94109-7800

LIENHOLDER 0

W0024
R0041
L0102

148060920074005

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

M8487487

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ *CHANGE OF COLOR SCHEME – From: LUXOR 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): THEODORE EUGENE GRAY	Phone:
Residence Address (Street Address, City, State, Zip): ALAMA CA 94954	
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 and phone number will be.

Business Name	Business Address (Street Address, City, State, Zip)	Business Phone
DESOTO CAB CO	555 SELBY ST. SF, CA 94124	(415) 970-1300
Medallion Number(s): 150		☒ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

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

UNHAPPY AT LUXOR

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 9th day of November, 2007 at San Francisco, California

THEODORE GRAY — 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: CINDY WARD	Title: GENERAL MGR.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTO CAB CO (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.

Cindy L. Ward — Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

11/2/07 — Date

OFFICE USE ONLY

Agenda Notice Date: 11/27/07	Hearing Date: 12/1/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted: ✓	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No. 644029	Amount: $291.—	Date

RECEIVED NOV 09 2007 SAN FRANCISCO TAXI COMMISSION

C:/My Files/Forms/Taxicab Color Scheme Application.doc (Rev. 11/30/05)

POLICYHOLDER COPY NG

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:
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION NG
25 VAN NESS AVENUE ROOM 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.

James Meany
AUTHORIZED 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
NOV 09 2007
SAN FRANCISCO
TAXI COMMISSION

EMPLOYER

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

DeSoto Cab Coop

555 SELBY STREET • SAN FRANCISCO, CALIFORNIA 94124 • (415) 970-1300

November 9, 2007

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 150.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Cindy L. Ward

Cindy L. Ward
General Manager
DeSoto Cab Company

RECEIVED
NOV 09 2007
SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

G NEW COLOR SCHEME
(Complete both sides)

(G) CHANGE OF COLOR SCHEME – From: WORLD WIDE 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): GEORGE A. LANCIA	Phone: (415 [illegible]
Residence Address (Street Address, City, State, Zip): [illegible] CA 94014	
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 and phone number will be.

Business Name	Business Address (Street Address, City, State, Zip)	Business Phone
S.F. TAXI-CAB CO.	2121 EVANS ST., S.F., 94124	(415) 920-0709
Medallion Number(s): 846		☒ Owner / Operator G Gas & Gate G Long Term Lease

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

WORLD WIDE CLOSING IT'S DOORS by the end of the year according to permit holder Keith Ruston. I am relocating to another color scheme within City Wide Dispatch.

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 9TH day of NOVEMBER, 2007, at San Francisco, California

Signature of Applicant

X [signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: [signature]	Title: SOLE PROPIETORSHIP

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-CAB CO. (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]
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

9 NOV '07
Date

RECEIVED
NOV 20 2007
SAN FRANCISCO

OFFICE USE ONLY

Agenda Notice Date 11/27/07	Hearing Date 12/11/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted ✓	Insurance Submitted ✓	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No. 644048	Amount $291—	Date 11/20/07

ACORD®

INSURANCE BINDER

DATE (MM/DD/YYYY): 10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY	COMPANY	BINDER #
Public Livery Insurance Services, Inc. 1380 El Cajon Blvd Ste 212 El Cajon CA 92020	Lincoln General Insurance Company	20071

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
10/12/2007	12:01	X AM / PM	12/12/2007	X 12:01 AM / NOON	

PHONE (A/C, No, Ext): (619) 702-7022 FAX (A/C, No): (619) 593-2176

CODE: SUB CODE:

AGENCY CUSTOMER ID:

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

Taxi Cab Operation
Medallion #386, #707, #787, #846, #859, #862, #923, #953, #957, #960, #1031, #1137

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS	
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☐ SPEC		DEDUCTIBLE / COINS %	AMOUNT
GENERAL LIABILITY — ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	$
		DAMAGE TO RENTED PREMISES	$
		MED EXP (Any one person)	$
		PERSONAL & ADV INJURY	$
		GENERAL AGGREGATE	$
		PRODUCTS - COMP/OP AGG	$
VEHICLE LIABILITY — ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT	$
		BODILY INJURY (Per person)	$
		BODILY INJURY (Per accident)	$
		PROPERTY DAMAGE	$
		MEDICAL PAYMENTS	$
		PERSONAL INJURY PROT	$
		UNINSURED MOTORIST	$
			$
VEHICLE PHYSICAL DAMAGE — DED — COLLISION: ____ OTHER THAN COL: ____	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	ACTUAL CASH VALUE / STATED AMOUNT	$
GARAGE LIABILITY — ☐ ANY AUTO	RECEIVED NOV 20 2007 SAN FRANCISCO TAXI COMMISSION	AUTO ONLY - EA ACCIDENT	$
		OTHER THAN AUTO ONLY: EACH ACCIDENT	$
		AGGREGATE	$
EXCESS LIABILITY — ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	$
		AGGREGATE	$
		SELF-INSURED RETENTION	$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS	
		E.L. EACH ACCIDENT	$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
		E.L. DISEASE - POLICY LIMIT	$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES	$
		TAXES	$
		ESTIMATED TOTAL PREMIUM	$

NAME & ADDRESS

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER — COMPANY: Lincoln General INS CO

POLICY NUMBER — EFFECTIVE DATE: 10/12/07 — EXPIRATION DATE: 10/12/08

YEAR: 2006 — MAKE/MODEL: CHRYS — VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

Public Livery Insurance Services, Ins
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

INSURED
WORLDWIDE CAB # 846
SFITA
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 NOV 20 2007 SAN FRANCISCO AM COMMISSION

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER — COMPANY: Lincoln General INS CO

POLICY NUMBER — EFFECTIVE DATE: 10/12/07 — EXPIRATION DATE: 10/12/08

YEAR: 2006 — MAKE/MODEL: CHRYS — VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

Public Livery Insurance Services, Ins
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

INSURED
WORLDWIDE CAB # 846
SFITA
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)

CAB 846

RECEIVED
NOV 20 2007
SAN FRANCISCO
TAXI COMMISSION

REGISTRATION VALID FROM

COML 02/28/2007 TO 02/28/2008 TYPE 31 LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL
VA

DATE ISSUED
02/24/2007

CYLS. 7 | DATE FIRST SOLD 00/00/2006 | CLASS FY | MAKE CHRY | YR | Yr. Model 2006

TYPE VEH. 32Y | MP G | AX 2 | WC C | UNLADEN/GCW 03790 | TOTAL FEES PAID $243

4100

REGISTERED OWNER

LANCIA GEORGE A
217 MILTON AVE
SAN BRUNO CA 94066-4933

LIENHOLDER

DC FIN SVCS AMER LLC
PO BX 977
ROANOKE

TX

0

W0024
R0041
L0152

76262
141021420073057

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

M2821201

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ *CHANGE OF COLOR SCHEME – From: World Wide 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): EVERN BYRD	Phone: (510 [illegible]
Residence Address (Street Address, City, State, Zip): [illegible] BERKELEY CA. 94673	
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 and phone number will be.

Business Name	Business Address (Street Address, City, State, Zip)	Business Phone
SF TAXI CAB CO	2121 EVANS, S.F., CA. 94124	(415) 920-0709
Medallion Number(s): 1031		☐ Owner / Operator ☒ ~~Gas & Gate~~ ☒ ~~Long Term Lease~~

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

World Wide Cab is closing it's doors.

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 9TH day of November, 2007 at San Francisco, California

Evern Byrd (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: JACK G. TRAD	Title: SOLE PROPIETORSHIP

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-CAB CO. (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 — Date: 9 NOVEMBER 2007

RECEIVED NOV 20 2007 SAN FRANCISCO TAXI COMMISSION

OFFICE USE ONLY

Agenda Notice Date: 11/27/07	Hearing Date: 12/11/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted: NO	Insurance Submitted: NO	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No. 644052	Amount: 291—	Date

ACORD®

INSURANCE BINDER

DATE (MM/DD/YYYY): 10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY
Public Livery Insurance Services, Inc.
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

COMPANY: Lincoln General Insurance Company

BINDER #: 200

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
10/12/2007	12:01	X AM / FM	12/12/2007	X 12:01 AM / NOON	

PHONE (A/C, No, Ext): (619) 702-7022
FAX (A/C, No): (619) 593-2178

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

CODE:
SUB CODE:
AGENCY CUSTOMER ID:

INSURED
Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Taxi Cab Operation
Medallion #386, #707, #787, #846, #859, #862, #923, #953, #957, #960, #1031, #1137

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☐ SPEC	RECEIVED NOV 30 2007 SAN FRANCISCO TAXI COMMISSION			
GENERAL LIABILITY — ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$
		DAMAGE TO RENTED PREMISES		$
		MED EXP (Any one person)		$
		PERSONAL & ADV INJURY		$
		GENERAL AGGREGATE		$
		PRODUCTS - COMP/OP AGG		$
VEHICLE LIABILITY — ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT		$
		BODILY INJURY (Per person)		$
		BODILY INJURY (Per accident)		$
		PROPERTY DAMAGE		$
		MEDICAL PAYMENTS		$
		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
VEHICLE PHYSICAL DAMAGE — DED — COLLISION: — OTHER THAN COL:	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	☐ ACTUAL CASH VALUE ☐ STATED AMOUNT		$
GARAGE LIABILITY — ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT		$
		OTHER THAN AUTO ONLY: EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY — ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$
		AGGREGATE		$
		SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE		$ 1,000,000
		E.L. DISEASE - POLICY LIMIT		$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

☐ MORTGAGEE ☐ ADDITIONAL INSURED
☐ LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE

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1031

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER
516

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 1031
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)

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SAN FRANCISCO
TAXI COMMISSION

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC
1380 EL CAJON BLVD, SUITE 212
EL CAJON, CA 920201

INSURED

WORLDWIDE CAB # 1031
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)

WorlWide 1031

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TAXI COMMISSION

REGISTRATION CARD VALID FROM: 05/31/2007 TO: 05/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2003	2003	HZ	32X	31	

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
TX	N	NT	2	D	04583	2

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED
COMMERCIAL	06/21/07	38	06/21/07	8	

PR/HIST: TAXI

PR EXP DATE: 05/31/2007

REGISTERED OWNER
WWC NATION CORP
DBA WORLD WIDE CAB
2560 MARIN ST

SAN FRANCISCO
CA 94124

AMOUNT PAID
$ 727.00

AMOUNT DUE
$ 727.00

AMOUNT RECVD
CASH : 727.00
CHCK :
CRDT :

LIENHOLDER
FORD MOTOR CRDT CO
260 INTERSTATE N PKWY NW

ATLANTA
GA 30339

H05 548 26 0072700 0021 CS H05 062107 31 7D04139 516

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ *CHANGE OF COLOR SCHEME – From: World Wide 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): GOLDSTEIN STEVE GENE	Phone: ( )
Residence Address (Street Address, City, State, Zip): EN LOMOND CA 95007	
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 and phone number will be.

Business Name	Business Address (Street Address, City, State, Zip)	Business Phone
S.F. Taxi-Cab Co.	2121 Evans, S.F, CA 94124	(415) 920-0789
Medallion Number(s): 923		☐ Owner / Operator ☒ Gas & Gate ☐ Long Term Lease

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

World Wide Closing it's doors.

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 11-8-07 day of 11-8-07, 2007 at San Francisco, California

STEVE GOLDSTEIN — Print Name of Applicant

X Steve Goldstein — Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: JACK G. TRAD	Title: SOLE PROPITORSHIP

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-CAB CO. (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 — Date: 08 NOV 07

OFFICE USE ONLY

RECEIVED NOV 20 2007 SAN FRANCISCO TAXI COMMISSION

Agenda Notice Date: 11/27/07	Hearing Date: 12/11/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted: yes	Insurance Submitted: yes	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No. 644053	Amount: 291	Date

(Rev. 11/30/05)

ACORD®

INSURANCE BINDER

DATE (MM/DD/YYYY): 10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY	COMPANY	BINDER #
Public Livery Insurance Services, Inc. 1380 El Cajon Blvd Ste 212 El Cajon CA 92020	Lincoln General Insurance Company	2

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
10/12/2007	12:01	X AM / PM	12/12/2007	X 12:01 AM / NOON	

PHONE (A/C, No, Ext): (619) 702-7022 FAX (A/C, No): (619) 593-2176

CODE: SUB CODE:

AGENCY CUSTOMER ID:

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED
Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Taxi Cab Operation
Medallion #386, #707, #787, #846, #859, #862, #923, #953, #957, #960, #1031, #1137

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY — ☐ COMMERCIAL GENERAL LIABILITY; ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$
		DAMAGE TO RENTED PREMISES		$
		MED EXP (Any one person)		$
		PERSONAL & ADV INJURY		$
		GENERAL AGGREGATE		$
		PRODUCTS - COMP/OP AGG		$
VEHICLE LIABILITY — ☐ ANY AUTO; ☐ ALL OWNED AUTOS; ☐ SCHEDULED AUTOS; ☐ HIRED AUTOS; ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT		$
		BODILY INJURY (Per person)		$
		BODILY INJURY (Per accident)		$
		PROPERTY DAMAGE		$
		MEDICAL PAYMENTS		$
		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
VEHICLE PHYSICAL DAMAGE — DED; COLLISION: ; OTHER THAN COL:	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	☐ ACTUAL CASH VALUE; ☐ STATED AMOUNT		$
GARAGE LIABILITY — ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT		$
		OTHER THAN AUTO ONLY: EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY — ☐ UMBRELLA FORM; ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$
		AGGREGATE		$
		SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE		$ 1,000,000
		E.L. DISEASE - POLICY LIMIT		$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

RECEIVED
NOV 20 2007
SAN FRANCISCO
TAXI COMMISSION

NAME & ADDRESS

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

ACORD 75 (2007/01)

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R 923

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 923
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)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 923
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED
NOV 20 2007
SAN FRANCISCO
TAXI COMMISSION

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)

923

REGISTRATION VALID FROM

COML 06/30/2007 TO 06/30/2008

TYPE 31 TAXI

LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL TX

DATE ISSUED 08/06/2007

CYLS.	DATE FIRST SOLD	CLASS	MAKE	YR	Yr. Model
7 00	00/00/0000	EB	FORD	2007	2003

TYPE VEH.	MP	AX	WC	UNLADEN/GCW	TOTAL FEES PAID
33X	N	2	D	04500	$264 3800 4

REGISTERED OWNER

WORLD WIDE CAB
2560 MARIN ST #A
SAN FRANCISCO CA 94124

LIENHOLDER

CLEAN ENERGY FIN LLC
3020 OLD RANCH PKY 200
SEAL BEACH 90740

67120070801070696C

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

O0968151

923

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☑ *CHANGE OF COLOR SCHEME – From: World Wide 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): Keith Raskin	Phone: (415) 624-5569
Residence Address (Street Address, City, State, Zip): 2560 Marin San Francisco CA 94124	
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 and phone number will be.

Business Name	Business Address (Street Address, City, State, Zip)	Business Phone
B+W Checker	999 Pennsylvania	(415) 285-3600
Medallion Number(s): 1137		☑ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

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

World Wide Cab will be closing its doors by the end of 2007. I will completing all its affairs and see to the transfer of all waybills.

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 10/26 day of October, 2007 at San Francisco, California

Keith Raskin — 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: Gennady Epshteyn	Title: manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Black & White (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 — Date: 11-20-07

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: Dank	Receipt No. 644049	Amount $291	Date

(Rev. 11/30/05)

Cab #1137

REGISTRATION CARD VALID FROM: 03/31/2007 TO: 03/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBE
FORD	2003	0000	EM	2007	37X	31	8J38026

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
TX	N	NX	2	D	04500	2FDFP72903X213202

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED
COMMERCIAL	10/04/07	38	10/04/07	8	N0657228

PR/HIST: TAXI

PR EXP DATE: 03/31/20C

REGISTERED OWNER
WORLD WIDE CAB
2560 MARIN AVE

SAN FRANCISCO
CA 94124

AMOUNT PAID
$NFEE

AMOUNT DUE
$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :

LIENHOLDER
CLEAN ENERGY FIN LLC
3020 OLD RANCH PKWY 200

SEAL BEACH
CA 90740

H00 624 19 0000000 0025 CS H00 100407 31 8J38026 202

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

20 November 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

Worldwide Cab #953 and #1137 are currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that these same medallions will be added to Black & White Checker Cab's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is with Lincoln General Insurance Company.

Sincerely,

Dmitry Erenkov
Agent/Broker

DIE/ece

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SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☑ *CHANGE OF COLOR SCHEME – From: World Wide 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): Carol F. Fenner	Phone: (415)
Residence Address (Street Address, City, State, Zip): [illegible] San Francisco, CA 94127	
Joint Applicant's Name (First, Middle, Last): N/A	Phone: ( )
Residence Address (Street Address, City, State, Zip): N/A	
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 and phone number will be.

Business Name: Checker Cab Co.	Business Address (Street Address, City, State, Zip): 999 Pennsylvania St. San Francisco, CA 94107	Business Phone: (415) 285-3800
Medallion Number(s): 953		☑ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

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

World Wide Cab is closing its doors.

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 20th day of October, 2007 at San Francisco, California

Carol F. Fenner — Print Name of Applicant

Carol Fenner — Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: GENNADY EPSHTEYN	Title: manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for B&W 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.

Gennady Epshteyn — Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

11-20-07 — Date

RECEIVED NOV 20 2007 SAN FRANCISCO TAXI COMMISSION

OFFICE USE ONLY

Agenda Notice Date: 11/27/07	Hearing Date: 12/11/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted: yes	Insurance Submitted: yes	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No. 644054	Amount 291 —	Date

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

20 November 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

Worldwide Cab #953 and #1137 are currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that these same medallions will be added to Black & White Checker Cab's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is with Lincoln General Insurance Company.

Sincerely,

Dmitry Erenkov
Agent/Broker

DIE/ece

RECEIVED
NOV 20 2007
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 **********

47577

REGISTRATION CARD VALID FROM: 04/30/2007 TO: 04/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2004	0000	EY	2006	37X	31	

BODY TYPE MODEL	HP	MO	AX	WC	UNLADEN/G/CSW	VEHICLE ID NUMBER
TX	N	NT	2	D	04060	

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED
COMMERCIAL	06/18/07	38	06/18/07	8	

PR/HIST: TAXI PR EXP DATE: 04/30/2007

REGISTERED OWNER
WORLD WIDE CAB CO
2560 MARIN ST
SAN FRANCISCO
CA 94124

AMOUNT PAID $ 347.00

AMOUNT DUE $ 347.00

AMOUNT RECVD
CASH : 61.00
CHCK :
CRDT : 286.00

RECEIVED
NOV 20 2007
SAN FRANCISCO TAXI COMMISSION

LIENHOLDER
FORD MOTOR CRDT CO
260 INTERSTATE N PKWY NW
ATLANTA
GA 30339

WW # 953

H05 503 03 0034700 0025 CS H05 061607 31 7898468 083

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2004

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 953
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)

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2004

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 953
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

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ACORD 50 (1/83)

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