Agenda: Item 2

### Consent Calendar

All matters listed hereunder constitute a Consent Calendar, are considered to be routine by the Commission and will be acted upon by a single roll call vote of the Commission. There will be no separate discussion of these items unless a member of the Commission so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.

# Consent Calendar: Item A

Consideration of the Minutes for the January 8, 2008 Taxicab Commission Meeting

# CITY AND COUNTY OF SAN FRANCISCO



### TAXI COMMISSION MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3

PATRICIA BRESLIN, VICE PRESIDENT

RICHARD BENJAMIN, COMMISSIONER, ext. 1

BRUCE OKA, COMMISSIONER, ext. 5

TOM ONETO, COMMISSIONER, ext. 6

MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

### MEETING MINUTES

Commission Chambers
January 8, 2008 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

Present: Gillespie, Breslin, Benjamin, Oka, Paek, Oneto

Absent: 0

President Gillespie called the meeting to order at 6:33 P.M.

**STAFF IN ATTENDENCE**: Executive Director Heidi Machen, Deputy Director Jordanna Thigpen, Executive Secretary Tamara Odisho – Taxi Commission, Lieutenant Schlotz, Sergeant Ron Reynolds, City Attorney Tom Owen

Heidi Machen, Executive Director: Turn-off cell-phones, interferes with phone systems and we get feedback.

- 1. Call to Order/Roll Call
- 2. Controller's Report on PC&N Findings [INFORMATION]
- Ted Egan, Controller's Office: Overview of report.
- Pres Gillespie: The only thing these cost increases affect is the new 69 medallions.
- Ted Egan: Scope of the report was narrow and focused only on the issuance of the 69 medallions. Controller's office issues a report every two years which is based on quality of life and those figures are not included in this report.
- Pres Gillespie: Meter technology may not be able to take a different fee in mileage and flag drop.

### **Public Comment:**

- Tom Stanghellini: Very upset over the 30 cent recommended increase in the gate fee.
- Hansu Kim: Controller's office has limited data to work with and their recommendation is poor.
- Robert Cezano: There are other propositions floating around to increase the gate and all these ideas should be merged into one.
- Barry Taranto: Hybrid drivers should pay more in gas and gate.

- Charles Rathbone: The meter cannot take the different fees.
- John Lazar: Hybrid vehicles cost over \$30k and this increase would not cover anything.
- Mark Gruberg: Robert Cezano made a good point about all of the different gate fee increases; they should be looked at together.
- Marty Smith: Hybrids are expensive and need a fee to cover the purchase.

### 3. Consent Calendar [ACTION]

### **Public Comment: None**

- Com Oka: Motion to approve A- Minutes, C 2-Drake Batterson, C3- Willie DeLuca, C4- Sohail Sweis, C5-Saher Sweis, C6- David Geitheim, C7- Jay Chatfield, C8- Craig Wilson, E1- Robert Slivoski, E2- Suhaila Sweis, E3- Elchan Aliev, F1-Nasser Fraydouni, F2- Fred Seronick, G- Drake Batterson reverse vote and to make him eligible for ramp medallion permit.
- Com Breslin: Second motion.

• AYES: Gillespie, Breslin, Benjamin Oka, Paek, Oneto
ABSENT: 0

RECUSE: 0

• Com Oka: Wise to take recommendation of PCC to grant medallion conditionally on a 1/4 basis for 12

- Com Oneto: Motion to grant medallion with special conditions to D-1 Yuriy Gasparyan
- Com Paek: Second motion.

• AYES: Gillespie, Breslin, Benjamin, Oka, Paek, Oneto
ABSENT: 0

RECUSE: 0

- Com Onteo: Motion to grant D-2 Hoa Quach ramp medallion pending the DOJ background check.
- Com Paek: Second motion.

• AYES: Gillespie, Breslin, Oka, Paek, Oneto
ABSENT: 0

NO: 0
RECUSE: Benjamin

• Pres Gillespie: Continue item D-3 Lien Nguyen to allow him to retake test.

### **Public Comment:**

- Charles Rathbone: Want to retain his services good driver but not a good test taker.
- Bashir Rahimi: There are many hard working people who do not understand or speak English well.
- Dir Machen: Overview of item D-4 Ralph Machkovsky
- Lt. Schlotz: Overview Mr. Machkovsky's background and would like time to review the waybills for this item.
- Com Breslin: Most of these signatures for this petition are dated today and is highly unusual. We are holding up two ramp medallions that will not be on the street.
- Com Pack: Should continue this to be able to look at this packet.
- Com Oka: Unless there is proof of criminal activity I do not see why we are holding the medallion up.

### **Public Comment:**

- John Willey: Ask the Commission to look at the list of drivers in opposition since it may be related to litigation and not to the qualifications of this applicant.
- Ed Shuman: Has known Ralph for many years and has seen him drive.
- Gratch: Mr. Machkovsky has driven a cab but he is not currently upholding the continuous driving requirement.
- Barry Taranto: Commission should allow Lieutenant to continue her investigation.
- Alex: Works on schedules for Town and never saw Ralph on the schedule and saw him writing up waybills in his office.
- Jacob Mietzel: Knows Ralph for many years and believes he deserves this medallion.
- Marty Smith: This is a cat fight between Black and White Checker and Town Taxi. A lot of this stuff didn't happen.
- Chuffa: Really strange case with so many people involved.
- Fareed: Has not recently seen Ralph drive and cannot believe he has picked up so many wheel chairs.
- Thomas George Williams: Allow Lt. Schlotz to review case. Unethical if Com Oka does not recuse himself from the vote.
- Com Benjamin: Can conditionally approve this medallion. If there is wrong doing then we will revoke his medallion.
- Com Breslin: Also in favor of approving this tonight. Com Oka does not need to recuse himself.
- **Pres Gillespie:** The only reason to recuse one would be for some personal connection or financial reason and neither of these apply.
- Com Oka: There is no reason to hold up this medallion.
- Com Oneto: Anytime the police department has requested us to investigate and to treat this differently I would not think that would be fair for those people that were continued in the past. They should have the time to review the waybills.
- **Dir Machen:** The staff does not review the waybills with a fine tooth comb. This seemed to have slipped through the cracks and Lt Schlotz did not review the waybills.
- Com Pack: We are in favor of taxi drivers but with the Lt. request for 2 weeks may be an option even though it has already been continued.
- Lt Schlotz: If approved, she will not audit the waybills. If it is issued conditionally then follow through may not happen since staff becomes overwhelmed.
- Pres Gillespie: Applicant long time member of the industry and I believe he has a real commitment to the industry. Motion to approve medallion with conditions of 1/4 review for one year.

• AYES: Gillespie, Breslin, Benjamin, Oka ABSENT: 0 NO: Oneto, Paek

RECUSE: 0

- Com Oneto: Motion to grant color scheme change to F-3 Edward Teper.
- Com Paek: Second motion

• AYES: Gillespie, Breslin, Oka, Pack, Oneto

NO: 0

ABSENT: 0

RECUSE: Benjamin

- Com Oneto: Motion to grant color scheme change to F-4 William Case
- Com Pack: Second motion.

AYES: Breslin, Benjamin, Oka, Paek, Oneto NO: 0

ABSENT: 0 RECUSE: Gillespie

- Dir Machen: Overview of Item H-1 Raymond Delgado
- Philip Ward, Attorney for Raymond Delgado: Rebuttal of the case.
- Com Oka: If this medallion is granted no one would be hurt.
- Philip Ward: Correct.
- Pres Gillespie: Trying to find a way legally that we can do this. Healthcare argument is not compelling since so many drivers do not have it. For one year drivers on the list were not notified of the passing of Daly/Ma. Would like to continue this item to think it through.
- Philip Ward: It would be under the discretion of Commission to rule under Daly/Ma for this case.
- Com Benjamin: Allowing him to get a medallion before others is unsettling, but allowing him to stay on the list and require him to drive through 2009.
- Com Breslin: Can we grant a time waiver for him in 2007 and keep him to the standard of 2007? Public Comment:
- Carl Macmurdo: There are a few people who fall under this and can be resolved to all the applicants and would avoid Board of Appeals cases.
- Mark Gruberg: In 2004 there was already a one year driving requirement. Daly/Ma pushed the requirement back to 2 years. Back in those days there were indefinite time waivers.
- **Jim Gillespie:** In 2004, drivers were required to have 156 shifts and did so before midnight and then after to get in requirements within 6 months.
- Tone Lee: Laws shouldn't be set if you are going to change them.
- Hansu Kim: There's a standard for driving and retroactively apply for an exemption of this applicant is not a fair way to asses Daly/Ma.
- Marty Smith: People who were on the list in 2004 signed up knew they only had to drive for one year.
- Emil Lawrence: Sometimes does not get mail, no confirmation on whether gets the mail or not. Doesn't recall getting the letter in the mail.
- Barry Taranto: Daly/Ma is the law and should be upheld. He could have driven part-time. Applicants have a responsibility.
- Mary McGuire: Intention of Daly/MA were not to exclude people like Delgado, was original ramp program starter.
- Thomas George Williams: Missed Com Heinicke, there is a law that needs to be observed. Commission should follow their rules.
- Pres Gillespie: Would like to continue this item.
- 4. Public Comment (Please limit public comment to items NOT on the agenda)
- Robert Cezano: Congratulates Bruce Oka on his MTA nomination. Commission should resolve the Ball Park issue before going to the MTA. Drivers stone walled at the ball park.
- Name: Showed a video
- Tom Stanghellini: Taxi was involved in a robbery and was impounded without allowing the driver to take the medallion and it took for Detail to intervene for Luxor to get the medallion back. Commission to speak with the robbery unit to release medallions in the future.

- Charles Rathbone: Ramp cabs are prone to break down and drivers are unable to get ramp cabs for their shifts. In cases like this drivers should be allowed to notate on their waybills of a mechanical break down without it accounting against them.
- Chuffa: By the end of the year, when you inspect our waybills, don't tell us we haven't paid. Taxi Detail should be advised to be different. There is inconsistency because they talk about criminal investigations that are contradictory.
- Barry Korengold: Agendize issue of prorating hours for a medallion applicant, for applicants who are being heard at the beginning of the year.
- Emil Lawrence: Isn't there a way to verify wheelchair pick ups? Received independent driver statement from Controller's office and is illegal with state ruling
- Jim Gillespie: Passenger called with harassment complaint of yellow cab driver, but turned out to be an illegal Yellow cab.
- Tariq Mehmood: Showed video.

### 5. Consideration of a Clean Air Taxi Policy [INFORMATION and DISCUSSION]

\*Continue item but will take public comment

- Todd: Direct DOE to evaluate each vehicle-wheel to wheel analysis. Allow an average of emission vehicles for the fleet to be able to meet the green goal.
- Robert Cezano: Size of vehicles should be considered and should not make any choices without considering the aging community. Running boards are not available on new hybrids.
- Pete Campbell: Has information from a third party and findings that fall under the Mayor's requirement.
- Thomas George Williams: Grams/ mile make more sense and should figure that out for the emissions. Companies must maintain the car and engine.
- **Pres Gillespie:** Grams/ mile goal 312 but if there is a fleet average as opposed to a vehicle emission more vehicles may be able to be apart of the fleet.
- Hansu Kim: We can meet these goals but should allow flexibility in vehicles purchased. There is still no definition of what a clean vehicle is and there should be for companies to know what type of vehicles they should purchase.
- Mark Gruberg: Fleet wide average will cause a problem since it allows other vehicles to pollute unless they choose a cap and trade system.
- 6. Fact Finding Hearing and Disciplinary action including Possible Revocation of Permits: [ACTION]
  - a. Grasshopper Alec Kaplan medallion number 9062, violation of Rules 5.A.3, 5.A.5, 5.F.2, 5.H.a, 5.H.2, 5.H.3, 5.H.4, 5.H.5, 5.H.10, 5.H.11, 5.H.14, 5.H.16, 5.H.17, 5.I.3, 5.I.4, and 5.K.2, 4.A.5; MPC Section1148.5, 1120, 1187.1, 1101 and 1123.
- Pres Gillespie: Is uncomfortable with going forward with this case without Mr. Kaplan's attorney.
- Dir Machen: Overview item 6a- Grasshopper Alec Kaplan.
- Deputy Director Thigpen: Recounts Grasshopper case.
- Sgt. Reynolds: Overview of Grasshopper.

**Public Comments:** 

• Mark Gruberg: Should allow Mr. Kapplan's attorney to respond to this.

- Thomas George Williams: Alec was a good driver until he had his problems. Revoking this without his attorney present is not fair.
- Robert Cezano: He should be able to apply for ADA.
- Emil Lawrence: Why isn't there a doctor present to speak on his behalf? How can a decision be made while he is in jail and has no representation.
- Com Oneto: We had to do this tonight, this medallion has been off the street for a long time. At this time he is incapable of managing a business. I am in favor of revoking the color scheme, medallion and A card. If he gets his life back in order then he should be allowed to get an A card.
- Com Benjamin: Seconds motion.
- Com Breslin: There is no ADA issue here since he is a public threat. Should be required to reapply for an A-card.
- Pres Gillespie: Appreciates outreach done by the community to Alec, but has issue when there's a public threat.
- AYES: Gillespie, Breslin, Benjamin, Oka, Paek, Oneto NO: 0
  ABSENT: 0 RECUSE: 0
  - b. Abdul Bashir Rahimi aka Sayed Bashir Rahimi medallion number 1135, violation of Municipal Police Code 1081(b).
- **Deputy Director Thigpen:** Overview of Rahimi case and informs commission that an amended complaint will be issued.
- Pres Gillespie: Do you want us to make a decision on these findings or would you like us to continue this to rehear this?
- Deputy Dir Thigpen: I cannot make a recommendation based on case law.
- Abdul Bashir Rahimi: Overview of his case.
- Com Benjamin: What are some of the serious offenses he has? Did Mr. Epstein agree with the new evidence?
- Deputy Director Thigpen: Lying.
- Pres Gillespie: He was previously admonished for 2002 and 2004.
- Abdul Bashir Rahimi: It's on the record that I was admonished in 2001 and 2003.

### **Public Comment:**

- Name: He is a bad manager and this is proof, but he drove.
- Robert Cezano: If you go to the airport, you saw Mr. Rahimi. This Commission does not have a proper standard of waybills.
- Marty Smith: Has seen Rahimi driving and hopes the Commission adopts the findings but should keep his medallion.
- Mary McGuire: Has seen him driving on the street.
- Com Benjamin: Do we have to approve all the findings?
- City Attorney: Any or all findings.
- Name: Used to drive for Rahimi and drove with him when he owned 49ers cab.
- Mark Gruberg: Hearing Officer says the Commission failed to prove Rahimi did not meet the driving requirement.
- Name: Knows Rahimi and is a cab driver.
- Name: Known Rahimi since 1991 and has been driving a cab since then.

- Thomas George Williams: Always sees him driving, and Commission failed to prove him guilty.
- Pres Gillespie: Willing to support all of the Hearing Officers findings.
- Com Breslin: Third step is extreme and does not take things step by step.
- Com Oneto: Motion to accept recommendations of Mr. Epstein
- Com Pack: Second motion
- AYES: Gillespie, Breslin, Benjamin, Oka, Paek, Oneto NO: 0

ABSENT: 0 RECUSE: 0

### 7. Staff Report and Commissioner Announcements [INFORMATION]

- Dir Machen: Overview
- Sgt Reynolds: DOJ reports and delay of background checks due to a new system. Illegal limo update. Successful run at 49er games, hope to be invited to preplanning to be able to get in cabs at the end of the game.

### **Commissioner Announcements:**

- Com Benjamin: 311 sticker has 415 capability for callers outside SF area code.
- Pres Gillespie: Congratulates Com Heinicke and Com Oka for being nominated to the MTA.

# 8. Consideration of Findings for PC&N Determination to Add 69 Hybrid or Alternative-Fuel Restricted Taxis [ACTION]

### **Public Comment:**

- Mike Spain: Commission only issued 120 medallions last year but 69 were issued because the Mayor recommended it.
- Thomas George Williams: UTW will appeal the issuance of 69 more medallions since there is no reason for the issuance.
- Tariq Mehmood: There's a lot of demand for peak-time medallions.
- Com Oka: Motion to adopt 69 medallions
- Pres Gillespie: 2<sup>nd</sup> Motion
- AYES: Gillespie, Breslin, Benjamin, Oka, Paek
  ABSENT: 0
  RECUSE: 0

### 9. Public Comment

- Mary McGuire: Clarification needed on what the wrap fund is used for.
- Mark Gruberg: Comments on video shown earlier in the evening.
- Mike Spain: Smaller clean air vehicles not as strong and reliable as gas vehicles and let Board know this.
- Carl Macmurdo: Congratulates Com Oka and Com Heinicke for MTA board. Add prorated time to the next agenda.
- Thomas George Williams: Alioto-Pier legislation hinders Commissions' work and creates uneven playing field. Jeopardizes any future gate increase.

### 10. Adjournment - 11:35pm

Consent Calendar: Item C

Consideration of the Taxi Commission to <u>remove</u> 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. Raymond Delgado	6-475

<sup>\*</sup> Continued from the last meeting

### CITY AND COUNTY OF SAN FRANCISCO



# TAXI COMMISSION MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
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MIN PAEK, COMMISSIONER, ext. 7

HEID! MACHEN, EXECUTIVE DIRECTOR

TO:

TAXI COMMISSIONERS

FROM:

**HEIDI MACHEN** 

RE:

MEDALLION APPLICANT RAYMOND DELGADO

DATE:

**JANUARY 22, 2008** 

### **BACKGROUND:**

At its January 8 meeting, Taxi Commission considered whether to remove Raymond Delgado from eligibility for a taxi medallion because he did not qualify for one under the provisions of the Police Code requiring that a permit applicant have driven three out of the past four years. By his own admission, Mr. Delgado did not drive during two of those years, 2004 and 2005, because he took a job with Office Depot in 2003 in order to obtain health care insurance coverage for himself and his family.

Mr. Delgado is represented by attorney Phil Ward who wrote two letters on his behalf and spoke at the January 8 meeting. Taxi Commissioners directed staff to further investigate.

### **QUESTIONS:**

- 1. Since one of the years that Mr. Delgado could have used to qualify was 2004, and since the progressive driving requirement did not go into effect until mid-2004, is it fair to hold applicants to a full-year standard for 2004?
- 2. Since Mr. Delgado was considered and rejected as an applicant for a medallion in 2007, could the Commission hold him to the 2007 driving standard and grant him a time waiver allowing him to meet that 2007 standard though he is not heard again until 2008?

### DISCUSSION:

Mr. Delgado argues that application of the Daly-Ma legislation codified in the San Francisco Municipal Police Code (MPC) 1121 (b) is unfair because it did not go into effect until mid-2004, yet one of the years he could have used to qualify for his three out of the past four years driving experience as required in 2007 was the incomplete year of 2004.

This is not relevant to his case since he admittedly drove zero hours in 2004. Had he driven at least some hours in 2004, the Commission might elect to pro-rate the hours as a broader policy for applicants who wish to use hours from 2004 but who did not acquire

an entire year's worth of hours. Although this pro-rating would not help Mr. Delgado, President Gillespie has indicated his interest in considering such a policy.

**Note:** pro-rating to compensate for the mid-year enactment of the legislation in 2004 will only assist applicants applying for the next two years (2008, 2009) who drove in and wish to use a portion of 2004 as one of their qualifying years. In other words, applicants wishing to meet the 2008 requirement may prove driving using any four out of the following five years: 2004, 2005, 2006, 2007, or 2008. And, drivers wishing to qualify under the 2009 standard of five out of the last six years may choose from 2004, 2005, 2006, 2007, 2008. or 2009. But, the following year, 2010 retains the same standard as 2009 but drops 2004 as a qualifying year because it is too distant.

Second, Commissioner Breslin asked if Mr. Delgado could be given a time-waiver in 2008 but only be required to meet the 2007 driving standard since his application was first heard at the Commission in 2007.

The Commission authorizes time waivers for applicants whose names arise on the waiting list when they have not quite met their driving requirement and could benefit from some additional time to meet it. Time waivers are only allowed for a period of one year and are only granted in the event that it would make a difference for the applicant, in other words, if it is physically possible for the applicant to meet his driving requirement with this extra time.

Time waivers allow an applicant to float at the top of the applicant waiting list for a period of one year. Once they have completed their driving requirement, the applicant must notify the Commission office and once a medallion is available, the Commission notifies them to pick up a medallion applicant packet, turn in waybills, take a test, and complete all of the other steps necessary to qualify as a medallion holder. The medallion applicant must meet the driving requirement for the year in which the Commission considers awarding him a medallion. The requirements are not allowed to float with the applicant.

When a matter is heard before the Commission in one year and continued by the Commission until the following year, the applicant is held to the standard of the year in which he was heard. In this case, however, Ray Delgado was heard in 2007 and denied in 2007. The Commission did not continue it for its own convenience. Thus, he cannot make up the one year he lacked in 2007 by driving it in 2008 and then returning to be heard by the Commission again in 2008. In addition, since he would not physically be able to make up two years driving with a one year waiver, the Commission would not be able to grant a waiver.

**Note:** Ciro Mattarazzo was another "long time" driver who took time off from driving as his name advanced on the waiting list and thus missed meeting his requirement during years that were critical. The Commission made him ineligible and he appealed his case to the Board of Appeals. The Board of Appeals upheld the Commission's decision in this case.

### **CONCLUSION:**

While the Commission may wish to consider an overall policy of pro-rating the 2004 driving requirement, it would not help Mr. Delgado since he did no driving in 2004 to pro-rate. And, to apply both a time waiver and the fact that Mr. Delgado's application was first "heard" in 2007 would treat Mr. Delgado's case differently than the Commission has

treated any other applicant. While Mr. Delgado's attorney argues that no one would be hurt by giving him a medallion, it risks hurting the public trust by disparate treatment of an applicant. And, the Commission loses credibility in appeals if its actions are inconsistent or arbitrarily applied.

# Consent Calendar: Item D

Consideration of the Taxi Commission to grant a Taxicab or Ramp Taxicab Medallion Holder Permit to:

Taxicab Permit	Medallion	Color Scheme:	Medallion
Applicant:	#:		Type:
1. Mohamed G. Malik	1321	Luxor Cab	Alt. Fuel
2. Jong H. Oh	9092	Luxor Cab	Ramp
3. Dong V. Tran	9095	Luxor Cab	Ramp
4. Andrew Lee	9097	Yellow Cab	Ramp
5. Sang N. Ta	9099	Yellow Cab	Ramp
6. Leonid Tsatskin	9098	Black & White	Ramp
		Checker	
7. Amr Mahmoud	9096	DeSoto Cab	Ramp
8. Ali R. Alikhani	9094	Gold Star Taxi	Ramp
9. Alexander Labunsky	9093	Alliance Cab	Ramp
10. Tommy Burton	1322	Arrow Cab	Alt. Fuel

### CITY AND COUNTY OF SAN FRANCISCO



### TAXI COMMISSION MAYOR GAVIN NEWSOM

### MEMORANDUM

To:

Honorable Commissioners

From:

Heidi Machen

**Executive Director** 

Date:

January 15, 2008

Re:

Medallion Applicants for Ramp and Alternative Fuel Medallions

### 1. Mohamed G. Malik, List# 6-489, Alt. Fuel

o 2004: 976 hours

o 2005: 828 hours

o 2006: 868 hours

o 2007: 967.5 hours

### 2. Tommy Burton, List# 6-502, Alt. Fuel

o 2004: 1054 hours

o 2005: 855 hours

o 2006: 926 hours

o 2007: 1003 hours

### 3. Jong H. Oh, List# 6-677, Ramp

o 2004: 1045 hours

o 2005: 256 shifts

o 2006: 248 shifts

o 2007: 162 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.

o Hours/Shifts Driven: 570 hours

o Wheelchair Pick Ups: 140

### 4. Alexander Labunsky, List# 6-914, Ramp

o 2004: 1510 hours

o 2005; 158 shifts

o 2006: 157 shifts

o 2007: 1315 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.

- o Hours/Shifts Driven: 429 hours
- o Wheelchair Pick Ups: 112

### 5. Ali R. Alikhani, List# 6-931, Ramp

- o 2004: 164 shifts
- o 2005: 183 shifts
- o 2006: 197 shifts
- o 2007: 1190 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.

- o Hours/Shifts Driven: 420 hours
- Wheelchair Pick Ups: 147

### 6. Dong V. Tran, List# 6-936, Ramp

- o 2004: 241 shifts
- o 2005: 235 shifts
- o 2006: 223 shifts
- o 2007: 248 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.

- o Hours/Shifts Driven: 416 hours
- o Wheelchair Pick Ups: 100

### 7. Amr Mahmoud, List# 6-987, Ramp

- o 2004: 197 shifts
- o 2005: 327 shifts
- o 2006: 285 shifts
- o 2007: 185 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.

- o Hours/Shifts Driven: 402 hours
- o Wheelchair Pick Ups: 116

### 8. Andrew Lee, List# 6-994, Ramp

- o 2004: 223 shifts
- o 2005: 236 shifts
- o 2006: 167 shifts
- o 2007: 160 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.

- o Hours/Shifts Driven: 438 hours
- o Wheelchair Pick Ups: 115

### 9. Leonid Tsatskin, List# 7-049, Ramp

- o 2004: 199 shifts
- o 2005: 196 shifts
- o 2006: 159 shifts
- o 2007: 176 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.

- o Hours/Shifts Driven: 400 hours
- o Wheelchair Pick Ups: 107

### 10. Sang N. Ta, List# 7-055, Ramp

2004: 312 shifts
2005: 309 shifts
2006: 278 shifts
2007: 190 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.

- o Hours/Shifts Driven: 611 hours
- o Wheelchair Pick Ups: 116

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

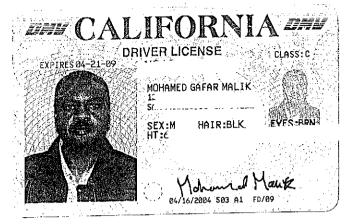
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
MOHAMED GIAFAR MALIK	X Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	94110
Mailing Address (If different than residence address)	
Residence Phone Number: ( 4 (5)	mber: ( )
Hours Available at this Number: Hours Available at the Social Security Number Other name(s) used	his Number:
7 19	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) Sex Height Weight M / F	Eye Color Hair Color BLUCK
Color Scheme / Business Name	Business Number (4/5) 282. /246
Color Scheme / Business Address (Street Address, City, State, Zip)	1(11)
2230 Terrold auc 5-F CA, 94/24	
Me you a 0.5, Citizett: Pries Dito	iver and hold a current Public Passenger Vehicle
If No, Affen Resident Card Number □ Driver Permit? ★ Yes → □ If Yes → Date Permit was iss	
Facts which show why the public will not be adequately served unless this pe	
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and have The Countery to serve T	The People of
San Francis Co very well	
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Revised 10/2/06 AC 1/1/10, 27	2, 03

I have driven a taxicab in Police Code Section 112	•		nt year's driving red	quirement pursuant to S	FPD Municipal
List residences for last fi From Date To Date	Residence Address (S	treet Address, City, State, Zip)	4. %	·	
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	<u>, )                                   </u>		1		
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Offense	Date	Place of Arrest		Disposition	
s your eyesight impaired Do not include ordinary n		htedness corrected by e	yeglasses.	Is your hearing impaire ☐ Yes	ed?
Oo you have any physical	impairments? □ Ye	s ⊠No ifyes,de	scribe the impairm	ent:	
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re you now, or have you addicted to the use of into		s ÆNo	Any Narcotic Dru	ug? □Yes ⊠No	
Vere you previously licen s a taxi driver or chauffet		If yes, has the licen □ Yes	se been revoked? \$No	If yes, explain for w	hat cause?
f you are granted a taxica f yes, explain how you wil about new service, other)	b permit, will you use or use and provide 24-ho	ur radio dispatch service	: (i.e. state existing	⊠ Yes □ No g radio cab company, de	etail information

# TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHE	ME CHANG	GE OF COLOR SCHEME - From (Camplete front side only)	Can Francisco Faxical Commission
(Complete both sides)	TIFICATE OF WORKER'S COMPE	•	SURANCE CARD WITH THIS APPLICATION.
100 Maar 000 Mir 77 00 M		EARLY - COMPLETE ENTIRE F	
Applicant's Name (First, Middle, L	ast)	1212	Phone
Residence Address (Street Addre	ss, City, State, Zip)	9 94/18	?
Joint Applicant's Name (First, Mide	die, Last)		Phone ( )
Residence Address (Street Addres	ss, City, State, Zip)		
Is this a Corporate perm	it? KNo Yes Ifyes, f	Name of Corporation:	
If this color scheme request	is granted by the Taxicab Commi	ssion, list what your business name, a	ddress and phone number will be.
Business Name  CAB	Co Business Address (St	reel Address, City, State, Zip) TEYYOLD Auc, SFCA	14124 Business Phone (415) 282-122 4
Medallion Number(s)			Owner / Operator Gas & Gate Long Term Lease
i (We) certify (or declare) un		In the State of California that the	en oricinal en ori
× MOHAM ED	MHLIK ame of Applicant		Signature of Applicant
		BY ACCEPTING COLOR SCHE	
Name of person authorized to sign f	or Color Scheme Holder 1-2,AR		President 2- CAB Co
I, the Color Scheme Holder / pe	rson authorized to sign for the Color	Scheme Holder for	Taxicab Color Scheme
hereby give consent to the appl	icant.named to use my color scheme	<b>.</b>	
Will s			26-07
Signifiture of Motor Scheme Hot	der / person authorized to sign for Color Scheme	THRUG	131 7 1 11 18 8 3
	OF	FIGE USE ONLY	The fact has been
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission Paint Chips Submitted	New Declaration Signed  11 1 1 3 2007  Photos Submitted 2007
Worker's Comp Submitted	Insurance Submitted	Amount	
Received by:	Receipt No.	Alliquit	A PARCECO



RECEVED

DEC 03 2007

SAN FRANCISCO TAXI CONMISSION I.D. Card or Driver License No.

Enter your new address below:

SAN PAN, CAY 94715

Carry this change of address card with your I.D. or driver license. Do not tape or staple it to your driver license or ID.

PLAS (DEL DA) 3 APR 9 2007

A Public Service Agency



ISSUED HY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

MOHAMED G. MALIK

P44-

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

re (First, Middle, Last)		Type of Medallion Applying for:
ance Address (Street Address, City, State, Zip)		□ Regular ဩRamp
•	LAMEDA CO	1 94501
Malling Address (If different than residence address)		
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	ame(s) used	Of PAI
California Driver's License Number / Expiration Year	Date of Birth	Place of Birth
	Date of Birth	Place of Birth
Race (Optional) Sex	Height Weight	Eye Color Hair Color
Color Scheme / Business Name	<u> </u>	BROALL BLACK Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)		1(65) 2824141
- 7230 TEARON ON	C.C. Nilian	
	Sif Getina	
Are you a U.S. Citizen? ☐ Yes ☐ No If No, Alien Resident Card Number	Driver Permit? Yes	er and hold a current Public Passenger Vehicle
	If Yes -Date Permit was issue	A
Facts which show why the public will not be adequ		
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I have driven a taxicab in the Police Code Section 1121(b)	, ,		the current y	ear's driving re	quirement pursuant to S	FPD Municipal
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Have you ever been convicte  Failure to provide full information  Offense			s or not contes	,	(Attach additiona onsidered cause to deny the Disposition	I pages if needed) ne permit.
Is your eyesight impaired?   Do not include ordinary nears.	Yes \\ No \\ ightedness or farsi	ightedness corre	ected by eyeg	lasses.	ls your hearing impair □ Yes 🔄 No	ed?
Do you have any physical imp	pairments? ☐ Y	es XNo	If yes, descr	ibe the impairm	nent:	
Have you ever had: Ep	ilepsy 🗆 Yes	No	Vertigo [	] Yes No	Heart Trouble	□ Yes □ No
Are you now, or have you eve Addicted to the use of intoxical		es DNo	A	/ Any Narcotic Dr	ug? □Yes ÞÁNo	
Were you previously licensed as a taxi driver or chauffeur?	ŽYes □ N	-	s the license I	been revoked? o	If yes, explain for v	what cause?
If you are granted a taxicab per lifyes, explain how you will use about new service, other)	ermit, will you use of and provide 24-h	our radio dispate	ch service: (i	atch service? .e. state existin		etail information
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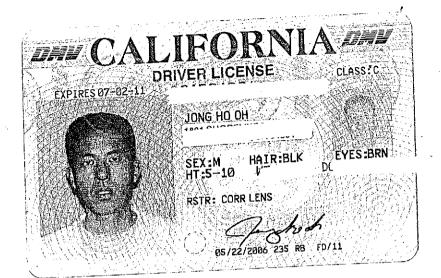
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ⊠Yes □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission 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 San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this
Signature of Applicant

NOV 30 2007

SAIN FRANCISCO FACE COMMESSION

### TAXICAB COLOR SCHEME APPLICATION

4			San Francisco Taxicab Commissio
NEW COLOR SCH (Complete both sides	HEME ☐ CHAN	IGE OF COLOR SCHEME — Fron (Camplele (ron) side only)	າ:
'YOU MUST SUBMIT A CE	ERTIFICATE OF WORKER'S COMP	ENSATION, REGISTRATION CARD, & IN	SURANCE CARD WITH THIS APPLICATION
		EARLY - COMPLETE ENTIRE F	
Applicant's Name (First, Middle	a .		Phone CCLL
Residence Address (Street Add			
		- 160A CA 94501	
Joint Applicant's Name (First, M	iddle, Last)	- Admirate Anna Anna Anna Anna Anna Anna Anna Ann	Phone
Residence Address (Street Add	ress, City, Stale, Zip)		
	, and the second desired to the second secon		
Is this a Corporate per	mit? No Yes If yes	Name of Corporation:	
If this color scheme reque	st is granted by the Taxicab Comm	nission, list what your business name, a	address and phone number will be.
Business Name	Business Address (S	Street Address, City, State, Zip)	Business Phone
Medallion Number(s)	B (n   2230 '	JERROLD S.F 9412	4 (416) 282 414.1 Owner / Operator
}			Gas & Gate Long Term Lease
4 Please list the reason(s	s) why you are requesting t <del>his</del>	-change:	
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Print	Name of Applicant		Signature of Applicant
		BY ACCEPTING COLOR SCHE	ME
Name of person authorized to sign	for Golor Scheme Holder		Title:
Thomas &C	Manquelle TA	OTAS J. STANGHGZLIONI	OPETURITIONS MANAGER
Lithe Color Scheme Holder / r	$oldsymbol{\mathcal{U}}$ person authorized to sign for the Colo	r Scheme Holder for $\angle /// X/O$	R CAB
	olicant named to use my color schem		Taxicab Color Scheme
		State of California that the foregoing is true	and correct.
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Signature of Color Schemest	order / person someoness to sign for color schem		
		FIGE USE ONLY	Now Posteroline Cinesal
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission  Paint Chips Submitted	New Declaration Signed  Photos Submitted
Warker's Comp Submitted	Insurance Submitted	Amount	Date
Received by:	Receipt No.	/ 11100/11	





# ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER

**EXPIRES: DECEMBER 31, 2007** 

JONG H. OH

P44-

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



MOV 3 0 2007 MOV 3 0 2007 ANT COMMISSION

# INING CLASS

This certifies that

# Jong H. Oh

NOV 30 2007

SAN FRANCISCO AMI COMMISSION

has successfully completed the requirements for Ramp Taxi Operators Training , on this Fifteenth day of September, 2007. Valid through September, 2010 RECEVED

Certified Sensitivity PASS
Trainer Cheryl Damico

Certified Ramp Taxi PASS Trainer

Qualified

Certificate # 2202

December 19, 2007

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On December 14, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Jong Oh.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Unsatisfactory

Gavin Newsom | Mayor

Peter Mezey | Director Leah Shahum | Director

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director

Nathaniel P. Ford, Sr. | Executive Director/CED

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

Comments/Concerns:

Jong Oh was not able to accurately describe or demonstrate the basic skills required to secure a wheelchair, in fact he repeatedly indicated an inappropriate technique. The PCC strongly feels that Mr. Oh should be retrained in the proper wheelchair securement procedures. Mr. Oh demonstrated a wheelchair tie-down utilizing a moveable part of the wheelchair, and not the wheelchair frame: A wheelchair should not be secured by attaching a tie-down to a moveable part.

### Recommendation:

The PCC Advisory committee is recommending Jong Oh for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Ft. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
DONG VAN TRAN	□ Regular
Residence Address (Street Address, City, State, Zip)	0, CA 94112
I Mailing Address (if different than residence address)	(1)
(Same above)	
Residence Phone Number: ( An YTTIME Alternate Phone Nur	nber: (41,5 ) :
Hours Available at this Number: Cell (415) Hours Available at the	is Number: Lyxor calls (Drivers
Social Security Number Other name(s) used	•
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
	VIETNAM
Race (Optional) Sex Height Weight  AS1 A M/ F	Brown Hair Color Brown black
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	(45) 282-1241
	ca, CA 94124
2230 Jerrold AVE, San Francis	
Are you a d.o. offizer: at 160 in the	ver and hold a current Public Passenger Vehicle
If No, Allen Resident Card Number Driver Permit? 以火es ロ If Yes ―Date Permit was issu	
Facts which show why the public will not be adequately served unless this pe	
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Notice Date:	Company of the Compan

Revised 10/2/06

ŀ	n a taxicab in the Section 1121(b)		rancisco and I me □ No	et the current y	ear's driving	requirement pursuant t	o SFPD Municipal
List residend From Date	ces for last five y To Date PRESENT	•	cent first, attach addition			San Franci	rca 9412
How long have y Francisco?	you lived within a 30 r		How many years dr Francisco?	riving experience do		Are you physically qualifit safely?	ed to drive a standard vehic es
List employn From Date 4ー2のひ	To Date  Present	Company Name	ecent first, attach addit	Address (Street	Address, City, St	d AVB	Type of Work  Prive
•			uilty or No Contes	-			nformation required below. onal pages if needed) v the permit.
Offense		Date		of Arrest		Disposition	
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)o you have a	any physical imp	airments? [	□Yes 🖄No	If yes, descri	be the impai	rment:	
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	viously licensed r or chauffeur?	er Yes	-\	as the license b □ Yes  □ No		? If yes, explain fo	or what cause?
	how you will use		se or provide 24-h 4-hour radio dispa			☐ Yes ☐ No ling radio cab company	, detail information
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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 you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar 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.
DT I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 of 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 permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this <u>December</u> day of <u>3rd</u> , 2007 at San Francisco, California.
Domastant 1
Signature of Applicant
and the same of th

RECEVED

DEC 0 a 2007

PAN PRANCISCO POT COMMISSION

# TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

□ NEW COLOR SCHEM	IE □ *CHA	NGE OF COLOR SCHEME - From	N
(Complete both sides) *YOU MUST SUBMIT A CERT!!	FICATE OF WORKER'S COMPE	(Complete front side only)  NSATION, REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATION
	PLEASE PRINT CLE	EARLY - COMPLETE ENTIRE FO	RM
Applicant's Name (First, Middle, Last			Phone
1	10 10 -		(415)
term)	ONG VAN	IRAN	000
Residence Address (Street Address,		F, CA 94112	Letter
Joint Applicant's Name (First, Middle	Last) \$7-	7712	Phone
			( )
Residence Address (Street Address,	City, State, Zip)		
Is this a Corporate permit?	No ☐ Yes If yes,	Name of Corporation:	
			t
If this color scheme request is Business Name	granted by the Taxicab Commi	ssion, list what your business name, add treet Address, City, State, Zip)	Business Phone
DUSINESS INCHIE		rrowo Ave, S.F.CA941	129 415 282-1224
LUXUN CAD	LESOJE	11000 1100, 25, (877)	<del>-/   <u>-</u> </del>
Medallion Number(s)			Owner / Operator
			Gas & Gate
			Long Term Lease
Please list the reason(s) w	hy you are requesting this	change:	
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I (We) certify (or declare) und		laws of the State of California that the	foregoing is true and correct.
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1) on of loin!	m	DONE VI	TN IRAN
Print Nam	e of Applicant	S	ignature of Applicant
, A		ACCEPTING COLOR SCHEME C	
Name of person authorized to sign for	Color Scheme Holder:		Title
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		,	<u> </u>
I, the Color Scheme Holder / person	on authorized to sign for the Color	Scheme Holder for LUXOR	CBB CO
		Concensor to design to the concensor to	Taxicab Color Scheme
hereby give consent to the applica	int named to use my color scheme	<b>e</b> .	
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	and the second s		
( AVLT c		12-3-	0 7
Signature of hold Scheme Holder	7 person authorized to sign for Color Scheme	e Holder	Date
distribute of Cost donains moidel	s possess administrative to sign for done did letter		
Asserta Marian Data	7037(4)	FIGE USE ONLY  Decision of Taxicab Commission	New Declaration Signed
Agenda Notice Date	Hearing Date	Decision of Taxicao Commission	Mew Deciglation gighted
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receint No	Amount	Date

# RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

DEC DA 2007

**JANUARY 7, 2006** 

has successfully completed the requirements for Sensitivity/

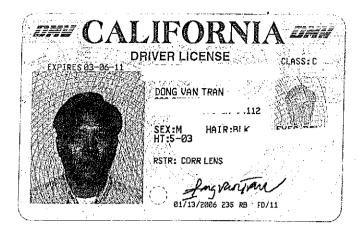
Ramp Taxi Operators Training on this date

Mark T. Famell

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer

Kamp Certified





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR.

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

DONG V. TRAN

P44

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



RECEIVED

DEC 04 2007

SAIN FRANCISCO IAXI COMMISSION January 7, 2008

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director

Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director Peter Mezey | Director Leah Shahum | Director

Gavin Newsom | Mayor

Nathaniel P. Ford, Sr. | Executive Director/CEO

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Dong Tran.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

Comments/Concerns:

Mr. Tran did not fully understand that ramp taxi drivers are required to pick up three wheelchair passengers per shift, if available.

Recommendation:

The PCC Advisory committee is recommending Dong Transfor the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Fi. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  ANDREW JICHENG LEE	Type of Medallion Applying for: ☐ Regular
Besidence Address (Street Address City State 7in)	94015
Mailling Address (If different than residence address)	1,70,3
Residence Phone Number: ( Alternate Phone Num	nber: (415) 3
Hours Available at this Number: 4:00 PM — 8:00 PM Hours Available at th	is Number: 6:00 AM - 8:00 PM
Social Security Number Other name(s) used MAUNG ZAW LWIN	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth MPR
Race (Optional)  Sex H  Weight  Lb.	Eye Color BLACK Hair Color BLACK
Color Scheme / Business Name YELLOW REGENTS CAB COMPANY	Business Number 282 - 3737 (415) 487-1004
Color Scheme / Business Address (Street Address, City, State, Zip) /200 MASSASSIPPA STREET, 3AN FRANCE	E7 CISCO, CA 94107
	er and hold a current Public Passenger Vehicle
If No, Alien Resident Card Number  □ If Yes —Date Permit was issu	
Facts which show why the public will not be adequately served unless this pe	
- DEVELOPING BILLINGESSES	
- INCREASING POPULATION	
- EQUAL OFFORTUNITY FUR DISABLE PERSO	N IN TRANSPORTATION
	100000000000000000000000000000000000000
OFFICE USE ONLY	
Received by:  Receipt No. Amount  Amou	Date: Substitution of Colors and
Jotice Date: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AN ANALYSIS OF
devised 10/2/08	

Ł	n a taxicab in the Section 1121(b)		ancisco and I med 3 No	et the current yea	r's driving re	quirement pursuant to SI	FPD Municipal
List residen From Date Feh/2002	ces for last five y To Date L <u>CURREM</u> 7		ent first, attach additionss (Street Address, C		4 074	c.A 94015	
How long have Francisco?	you lived within a 30 r		How many years dr Francisco?	iving experience do yo	u have in San _months	Are you physically qualified to safely?	drive a standard vehicle
List employr From Date	ment for last five y To Date  PRESENT	Company Name	cent first, attach additi	Address (Street Add		e, Zip) 57., S.F CA94107	Type of Work  PPRTTIME DRIVE
A150117/200	3 PRESENT	BAY CAR	CO	999 PENNSY	LUANIA S	F. S.F CA 94107	PARTTIMEDRIVE
Trely/2000	August/2003	DIAMONID C	ABCO	1737 STOCKT	ON 57., S.	F.CA94133	TAYIDRIVER
•		· · ·	onvictions, guilty ple	et to any crime?  eas or not contest part of Arrest		No If yes, provide the inform (Attach additional considered cause to deny the Disposition	pages if needed)
	ght impaired? ☐ le ordinary nearsi		rsightedness con	rected by eyeglas	ses.	Is your hearing impaire ☐ Yes  ☑ No	ed?
Do you have	any physical imp	airments?	]Yes ⊠No	If yes, describe	the impairm	nent:	
Have you eve		lepsy	⊠ No	Vertigo □ Y	es ⊠No	Heart Trouble	□Yes ⊠No
Addicted to the	or have you even		Yes 🖾 No		Narcotic Dr	_	
•	eviously licensed er or chauffeur?	⊠Yes □		as the license be∈ □ Yes  ⊠ No	en revoked?	If yes, explain for w	hat cause?
	n how you will use			our radio dispatch atch service: (i.e.		☑ Yes □ No g radio cab company, de	etail information
Two dr	iver will	drive l	te cab.			,	
By tell	ing Cal No	. and p	ention (it	- Grary & Por	uell(), c	Lechin the rad	ic call.

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? 떱 Yes 디 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 regulations adopted by the Taxicab Commission 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 San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this day of DEC&MBER, 20O 7 at San Francisco, California.
Signature of Applicant
Signature of Applicant

PECLIVED

OEC 14 2007

SAN PRANCISCO
ANI COMMISSION



### TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)	Ē □ *CI	HANGE OF COLOR SCHEM (Complete front side only)	E – From:	
• •	CATE OF WORKER'S COM	PENSATION, REGISTRATION CAR	RD, & INSURANCE CARD \	WITH THIS APPLICATION
		LEARLY - COMPLETE EN		
Applicant's Name (First, Middle, Last)  ADDREW  Residence Address (Street Address, C	Lee	Jaly Cefy	Phone ( )	
Joint Applicant's Name (First, Middle, L Residence Address (Street Address, Ci	••		Phone ( )	
Kealbelice Addless (Queen Addless) or	, , outo, Elp <sub>1</sub>			
Is this a Corporate permit?	Q No ☐ Yes If ye	s, Name of Corporation:		
If this color scheme request is g Business Name  (Jellow Cah Co - 67)  Médallion Number(s)	ranted by the Taxicab Com Business Address O I DO M	mission, list what your business (Street Address, City, State, Zip) LSSLSSIPPISE	+ (a 94107 (415) OW	e number will be.  s Phone ) 2-8 2-3737  ner / Operator s & Gate g Term Lease
Please list the reason(s) why		s change:		
0000 00371				OFF V A DAME
				5-18 (7-18-18-18-18-18-18-18-18-18-18-18-18-18-
				SHANGEOU PAY COMMISSION
•				
I (We) certify (or declare) under	penalty of perjury under t	ne laws of the State of Californi	a that the foregoing is tr	ue and correct.
Executed this 12  ANDREW L  Print Name of	day of Seen	ulen, 20_ 	at San Franci	sco, California
7	O BE COMPLETED B	Y ACCEPTING COLOR SC	HEMEONLY	
Name of berson authorized to sign for Col	or Scheme Holder:		Title:	m
I, the Color Scheme Holder / person	.) authorized to sign for the Co	or Scheme Holder for Gello	Taxicab Color Schem	P
hereby give consent to the applicant	named to use my color schel	ne.		
I certify (or declare) under penalty of	perjury under the laws of the	State of California that the foregoin	ing is true and correct. $\mathcal{L}(\mathcal{I}) = \mathcal{L}(\mathcal{I})$	
Signature of (Corol Scheme Holder / ps	erson authorized to sign for Color Sche	me Holder	Date	
		FFICE USE ONLY		
Agenda Notice Date	Hearing Date	Decision of Taxicab Comn	nission New Declar	ation Signed
Waskada Cama Submitted	Insurance Submitted	Paint Chips Submitted	Photos Subr	nitted

Amount

Date

Receipt No.

Received by:

RECEIVED DEC 1 4 2007

> SAN FRANCISCO (AXI COMMISSION



### ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER

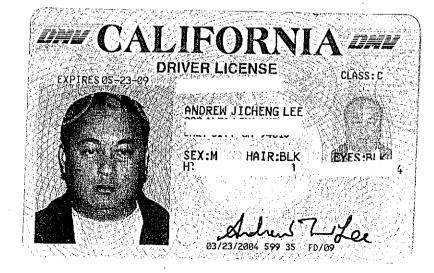
EXPIRES: DECEMBER 31, 2008

ANDREW J. LEE

P44-

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1





## RAINING CHSS IAXI OFFIXATORS

This certifies that

SAM FRANCISCO TAXI COMMISSION

### Andrew J. Lee

has successfully completed the requirements for Ramp Taxi Operators Training, on this thirteenth day of August, 2005. Valid through August, 2008

Bruce Bles

Bruce Oka Certified Sensitivity PASS Trainer

Laurie Graham
Certified Ramp Taxi PASS Trainer

Qualified

Certificate # 2070 January 7, 2008

Heidi Machen. Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director

Peter Mezey | Director Lesh Shahum | Director

Gavin Newsom | Mayor

Nathaniel P. Ford, Sr. | Executive Director/CEO

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

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On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Andrew Lee

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Experience driving a ramp taxi/knowledge of equipment:

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Comments/Concerns:

Mr. Lee did not fully understand that ramp taxi drivers are required to pick up three wheelchair passengers per shift, if available.

Recommendation:

The PCC Advisory committee is recommending Andrew Lee for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency San Francisco Municipal Railway | Department of Parking & Traffic One South Van Ness Avenue, Third Fl. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

· C	
Applicant's Name (First, Middle, Last) Sang, N. Ta	Type of Medallion Applying for: ☐ Regular ☑ Ramp
Residence Address (Street Address City State, Zip)	01
Mailing Address (If different than residence address)	
·	Alternate Phone Number: (1415)
Hours Available at this Number: SUYCKY 12 PM - SPM .  Social Security Number Other name(s) used	Hours Available at this Number: AN Time.
California Driver's License Number / Expiration Year Date of E	lirth Place of Birth
Race (Optional) Sex Height	Weight Eye Color N Hair Color
Color Schame / Business Name YELLOW Cab	Business Number (415) 282-3737
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, SF, CA, 94	
Are your a 0.0. Ordizon: 103 110	ntly an active driver and hold a current Public Passenger Vehicle ? ☑Yes □No Permit was issued: ᄊᄶ 니어 Permit #: 나 나ち나이
Facts which show why the public will not be adequately served	unless this permit is granted: (attach additional pages if needed)
to service disabled people wi	
service to reach their destri	nation to clinic or hospital.
NOW I am renting other d	
disabled people for a few	days. I would like to
have my own permit, so 1	can service more disabled
people. Also they don't have	to wait too long for
a ramp taxi. Places like suns	et, Richmond, Hunter Point,
and Bay view district have m	lary disabled people who
waits for hours, but there	Isn't any ramp taxi
avaliable to service them.	if my permit is granted
I will be given the chance	to service more disable
people.	
	NOV 2 8 2007
	SAN FRANCISCO (AM CONTINUESCA)

OFFICE USE ONLY	
Received by Panelle Receipting Amount +19	Date Date
Danelle WY074 419	MARADAR
Notice Date: Sym 9,08	i Zan i descui in esta in legat. Il din esta de le legat.
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Revised 10/2/06

WIN COMMISSION

List residences for last five y	ears (List most rece	ent first, attach ac	dditional pages if n	needed)			
From Date To Date 7/01 1/07			ss, City, State, Zip)		4601		
How long have you lived within a 30 r Francisco? ( years	T_months	Francisco?		nce do you have in San	Are you physically questions after a safety?	ualified to drive a star	ndard vehicl
List employment for last five From Date To Date	years (List most rec Company Name	we.	Address (S	needed) street Address, City, Stat DMISSISSIP	- i - 1	F Dr	Nork VLR
·							
Have you ever been convicte				·	(Attach a	the information requi	
Have you ever been convicte Failure to provide full information Offense		onvictions, guilt		·	(Attach a	additional pages if ne	
Failure to provide full information	relative to prior co	onvictions, guilt	y pleas or not co	·	(Attach a considered cause to	additional pages if ne	
Failure to provide full information	relative to prior co	onvictions, guilt	y pleas or not co	·	(Attach a considered cause to	additional pages if ne	
Failure to provide full information	relative to prior co	onvictions, guilt	y pleas or not co	·	(Attach a considered cause to	additional pages if ne	
Failure to provide full information	relative to prior co	onvictions, guilt	y pleas or not co	ontest pleas may be o	(Attach a considered cause to	additional pages if new deny the permit.	
Failure to provide full information  Offense  s your eyesight impaired?	relative to prior co	onvictions, guilt	y pleas or not co	ontest pleas may be o	(Attach a considered cause to Disposition  Is your hearing Yes And	additional pages if new deny the permit.	
Failure to provide full information  Offense  So your eyesight impaired?  Oo not include ordinary nears  Oo you have any physical imp	relative to prior con Date  Pass No ightedness or fairments?	onvictions, guilt	y pleas or not co	eyeglasses.	(Attach a considered cause to Disposition  Is your hearing Yes And	impaired?	eded)
Failure to provide full information  Offense  S your eyesight impaired?  On not include ordinary nears  On you have any physical imp	relative to prior con Date  Pass No ightedness or fairments?	rsightedness	corrected by a Vertigo	eyeglasses.	ls your hearing  Yes And	impaired?	eded)
Failure to provide full information  Offense  S your eyesight impaired?  On not include ordinary nears  On you have any physical impaired you ever had:  Epure you now, or have you eve	relative to prior con Date  Pass No ightedness or fairments?  Illepsy Yes r been, sting liquor?	rsightedness Yes XNo	corrected by e	eyeglasses. escribe the impairm  ☐ Yes	Is your hearing Yes Areart Tr	impaired?	eded)

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?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission 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 San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 permittee-driver under any permit issued to me for at least four (4) hours during
any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 26 day of NOV., 2007 at San Francisco, California.
Lovelly)
Signature of Applicant

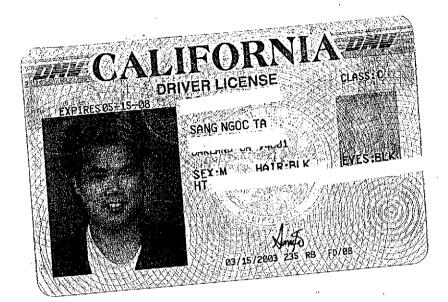
NOV 28 2007

SAN FRANCISCO PAYL COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

.    NEW COLOR SCHEMI (Complete both sides)	E [] CI	HANGE OF COLOR SCHEM (Complete front side only)	IE - From:	
YOU MUST SUBMIT A CERTIF	ICATE OF WORKER'S CO	OMPENSATION, REGISTRATION C	CARD, & INSURANC	E CARD WITH THIS APPLICATION
7	PLEASE PRINT	CLEARLY - COMPLETE E	NTIRE FORM	
Applicant's Name (First, Middle, Last)			17	one
Residence Address (Street Address, C	TH City, State, Zip)			f15)
,		Oakland Ca	9460	,
Joint Applicant's Name (First, Middle,		ocher & Ca	7 7 60   Pho	one
			(	)
Residence Address (Street Address, C	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 Co	ommission, list what your busines	ss name, address a	nd phone number will be.
Business Name	Business Addre	ess (Street Address, City, State, Zip)		Business Phone
Yellow CAB	1200 1	Mississippi St	31-94107	(415) 182 -3737
·· Wedailiou Innwoel(z)		*		Owner / Operator Gas & Gate Long Term Lease
Please list the reason(s) wh	y you are requesting	this change:		
Good Busi	Ness			
			gar tan ann an	S fixed Texts
				The last
		A CONTRACTOR OF THE PROPERTY O	NOV 287	2007 -
			CAA CO ALLENA	
			SAN FRANCE DAXI COMMISS	
(We) certify (or declare) under	penalty of perjury unde	r the laws of the State of Californ	nia that the forego	ing is true and correct.
Executed this 20	day of Nev	, 21	0 <u>07</u> at San	Francisco, California
Cana	· T.			
Sang Print Name o	facilizat		Signature of	regla)
Principality	,	,		
lame of person authorized to sign for Co	The state of the s	ED BY ACCEPTING COLO	R'SCHEME   Title:	
Hal Mellegan	· .			5m
the Color Scheme Holder / person	authorized to sign for the (	Color Scheme Holder for <u>Lell</u>	ON CAB	Co-op
ereby give consent to the applicant	.named to use my color so	heme.	Taxicab Co	lor Scheme
	· ·	he State of California that the forego	oing is true and corre	ct.
Ato 1000, 20	0		11/26/	7
Signature of Color Scheme Holder / p	erson authorized to sign for Color S	cheme Holder	Dal	e
		OFFICE USE ONLY		
genda Notice Dale	Hearing Date	Decision of Taxicab Com	nmission Nev	v Declaration Signed
'orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Pho	los Submitted
aceived by:	Receipt No.	Amount		Date





### ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

**EXPIRES: DECEMBER 31, 2007** 

SANG N. TA

P44-.

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



NOV 23 2007

SAN FRANCISCO YAYI CONIMISSION

## RAMP TAXI OPERATORS

This certifies that



has successfully completed the requirements for Sensitivity/ Ramp Taxi Operators Trainning on this date

MARCH 19, 2006

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer

NOV 2 8 2007

SAN FRANCISCO aki comwission December 19, 2007

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Seach | Director Shirley Breyer Black | Director Wil Din | Director Peter Mezey | Director Lesh Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

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On December 14, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Sang Ta.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

### **Comments/Concerns:**

Recommendation:

The PCC Advisory committee is recommending Sang Ta for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Ft. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Leonid Tsatskin	□ Regular 🔀 Ramp
Residence Address (Street Address, City, State, Zip)	
Mailing Address (If different than residence address)	
Residence Phone Number: ( 4/5 )	Alternate Phone Number: ( 42
Hours Available at this Number: Ary Tim t Social Security Number Other name(s) used	Hours Available at this Number: ANY Time
Social Security Number Other name(s) used	01/13
California Driver's License Number / Expiration Year Date	of Birth Place of Birth
Race (Optional) Sex Height  Color Scheme / Business Name	Weight Eye Color Hair Color
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address City, State, Zio)	CAB CO (415) 285-3800
	San Francisco, CA 94102
1.	urrently an active driver and hold a current Public Passenger Vehicle
	mit?
If Yes -D	ate Permit was issued: ク ソー 6~ 93 Permit #: /2 4 ソー 0 4 5 2
Facts which show why the public will not be adequately serv	red unless this permit is granted: (attach additional pages if needed)
I have been a taxi-	cobdriver for 14 years
T Like to interact	•
I'm very Evindly.	I have many Regular
, , , , , , , , , , , , , , , , , , , ,	Serve for years
The puplic need or	rore Ramps-taxis
and if permit wi	
wall get closen in	· · · · · · · · · · · · · · · · · · ·
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Receipt No. 5 Amou (AUNS)	nt 110

Notice Date Revised 10/2/06

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	/ 5 years <u>3</u>	months	Transisco:	<u>/s^</u>	years <u>3</u> months	Saletyr	WYes [	□No
st employme	ent for last five ye	ars (List most red	cent first, atta	ch additional pa	ages if needed)	·		
rom Date		Company Name			ress (Street Address, City, S			Type of Work
12000	Cunnent	Black	and le	<u> (prte 9</u>	99 Pennsyl	VANIG AVE		Driven
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•		_	_		ny crime?	(Attach	additional pag	ges if needed)
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ilure to provid		lative to prior co	_	uilty pleas or	not contest pleas may b	(Attach	n additional pag	ges if needed) ermit.
ilure to provid		Plative to prior co	onvictions, g	uilty pleas or Place of Arre	not contest pleas may b	(Attach e considered cause t	n additional page to deny the p	ermit.
ilure to provid iense your eyesigh not include	e full information re	es II No	onvictions, g	Place of Arre	not contest pleas may b	(Attack e considered cause to Disposition    Disposition	n additional page to deny the p	ges if needed) ermit.
your eyesigh not include you have ar	e full information re t impaired? □ Your ordinary nearsigh ny physical impai	es IVNo ntedness or farments?	nvictions, g	Place of Arre	not contest pleas may beest	Is your hearing Yes ØN	a additional page to deny the p	ges if needed) ermit.
your eyesigh not include you have ar	t impaired? □ Yoordinary nearsigi	es D'No htedness or fairments?	rsightedne.	Place of Arre	not contest pleas may be est describe the impair	Is your hearing Yes ØN	a additional page to deny the p	ges if needed) ermit.
your eyesigh not include you have ar ve you ever le you now, or dicted to the re you previo	t impaired? ☐ Your ordinary nearsight impaired impaired impaired: Epile	es D'No htedness or fairments?	rsightedne.  I Yes   I No  Yes   If y	ss corrected No If you	not contest pleas may be est  If by eyeglasses, es, describe the impairing □ Yes ☑ N  Any Narcotic In license been revoked.	Is your hearing	g impaired?	ges if needed) ermit.

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 regulations adopted by the Taxicab Commission 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 San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this
Signature of Applicant

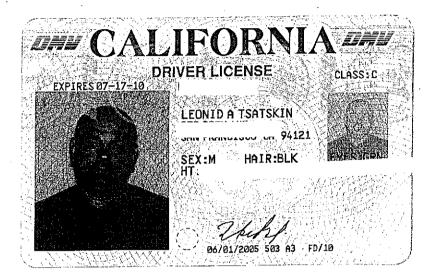
DEC 13 2007

OCIONASSE NAC NORSIMMOO PAR

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicah Commission

tok, otto					San Francisco Taxicao Commissio
NEW COLOR SCHEME	Ē		F COLOR SCH	IEME – From:	
(Complete both sides)	ICATE C	•		ON CARD & INSURA	NCE CARD WITH THIS APPLICATION
YOU MUST SUBMIT A CERTIF		LEASE PRINT CLEARL			
Applicant's Name (First, Middle, Last)	P	LEASE PRINT CLEAR	.1 - CONTEL1	E ENTINE PONT	Phone
Leonid	7 <	a train			(4/5)
Residence Address (Street Address, C					· · · · · · · · · · · · · · · · · · ·
Joint Applicant's Name (First, Middle,	Last)	IVE.			Phone
	,	•			( )
Residence Address (Street Address, C	ity, State,	Zio)		<del></del>	
			****	•	
Is this a Corporate permit?	- No	Yes If yes, Name	of Corporation:		
	- <i>C</i>				
If this color scheme request is g	ranted	by the Taxicab Commission.	list what your bu	siness name, addres	s and phone number will be.  Business Phone
Business Name BEW CHECKE	011	Business Address (Street Ad	gress, City, State, 219	- S.E.C.A.94	107 (415) 285-3800
Medallion Number(s)	_ / _	17/18/0102120	ALIVITY NO		-D Owner / Operator
		•			Gas & Gate Long Term Lease
4					
Please list the reason(s) wh	y you a	•			
Twonk		for 16.	s Com	brue S	ince 2/2:000
		0, 1) ///	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	<del></del>				
	·				
	11		-file Clair of Co	Ilfamia that the form	
I (We) certify (or declare) under	penalty	or perjury under the laws	or the State of Ca	illiomia that the fore	egoing is true and correct.
Executed this//	day	of Decem	ber	20 0 7 at S	an Francisco, California
		<del></del>		0 1/1	
Leonid	ŤS	icts lin		X Som	
Print Name o	f Applicant			Signat	ure at Applicant
	VII O	BE COMPLETED BY A	RGEPTING CC	LOR SCHEME	
Name of person authorized to sign for Co					tle:
/		HTEYN			MANAGER.
* DENONDA		>// / [ / / -			
I, the Color Scheme Holder / person	authoriz	ed to sign for the Color Schen	ne Holder for	BEWCH	HECKER
					b Color Scheme
hereby give consent to the applicant					
I certify (or declare) under penalty of	perjury	under the laws of the State of	California that the fo	pregoing is true and c	prrect.
lea les II	7-6	il,		12/1	1/0/
Signature of Color Scheme Holder / p	erson autho	prized to sign for Color Scheme Holder			Date
-		OFFICE	JSE ONLY		1 (1
Agenda Notice Date	Hearing		Decision of Taxical	Commission	New Declaration Signed
Worker's Comp Submitted	Insurar	ice Submitted	Paint Chips Submit	led	Photos Submitted
Received by:	<u></u>	Receipt No.	Amount	1	Date SAN PRANCINCO
					AXI COMMISSION





DEC 13 2007

SAN FRANCISCO IAXI COMMISSION



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007 **LEONID A. TSATSKIN P44** 

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



## ZANDIAND DERAIORS

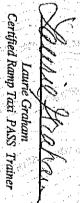
This certifies that

## Leonid A Tsatskin

has successfully completed the requirements for Ramp Taxi Operators Training, on this Thirtieth day of October, 2007. Valid through October, 2010

Colomica

Cheryl Damico
Certified Sensitivity PASS
Trainer



Qualified

Certificate # 2246

dr.Ceivi

DEC 13 2007

SAN FRANCISCO AST COMMISSION January 16, 2008

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 11, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Leonid Tsatskin.

### Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Gavin Newsom 1 Mayor

Peter Mezey | Director Leah Shahum | Director

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Brever Black | Director Wil Din | Director

Nathaniel P. Ford, Sr. | Executive Oirector/CEO

Experience driving a ramp taxi/knowledge of equipment:

Commitment to use the ramp taxi medallion in a manner that will

serve the disabled community:

Satisfactory

### Comments/Concerns:

### Recommendation:

The PCC Advisory committee is recommending Leonid Tsatskin for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency San Francisco Municipal Railway | Department of Parking & Traffic One South Van Ness Avenue. Third Ft. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
	□ Regular 🖹 Ramp
Residence Address (Street Address, City, State, Zip)	
-1 DALY CITY CHYLLOIS	
Mailing Address (If different than residence address)	
Residence Phone Number: ( 6' Alternate Phone Number:	mber: ( <i>Li-15</i> )
Hours Available at this Number: / 1 / 1 / Pm Hours Available at the	his Number: 13h am
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) Sex Height Waight	Eye Color Hair Color
M/F	Business Number
DESOTO CAIS CO	POP (415) 970 - 1300
Color Scheme / Business Address (Street Address, City, State, Zip)  555 SEL BY STREET	C.C. CA 94124
Are you a 0.3. Clitzer: (2 165 1160	ver and hold a current Public Passenger Vehicle
If Yes –Date Permit was issu	ued: 12-11-07 Permit #: P444-04-8633
Facts which show why the public will not be adequately served unless this pe	
This permit will allow m	war war a series
to be sericed during the	ast you days I picked
	-21 - 12 - 12
up to 100 rapp Calls and sa	till people were
Calling me wanting to be	puched up
	1
	PECHVED
Received by:  Re	Date De Park A A / III / De Propins
Received by:  Received by:  Received No. Amount  U44121	
L Hegina Data	ANDRONALATION OF THE STATE OF T
Revised 10/2/06	17 700 WOOMS

List residence	es for last five	years (List most rec	ent first, attach addition	nal pages if needed)		
From Date	To Date	=	ss (Street Address, Cit			
1995	Now			DA	LYCHTY CA 9	4015
How long have y Francisco?	ou lived within a 30		Francisco?	ving experience do you have in Sar	Are you physically qualified to safely?	drive a standard vehicle
			cent first, attach addition			
From Date 6-7-1995	To Date <u>Present</u>	Company Name DESOTO	CAb COOP	Address (Street Address, City, St	, , ,	Type of Work  Cab drive
-		_	onvictions, guilty ple	t to any crime? ☐ Yes ☐ Seas or not contest pleas may be	☑No If yes, provide the inform (Attach additional considered cause to deny the Disposition	pages if needed)
Do not include		sightedness or fa		ected by eyeglasses.	Is your hearing impaire □Yes ⊠No	od?
Do not include	•	sightedness or fa	rsightedness com	ected by eyeglasses. If yes, describe the impair	□Yes ⊠No	sd?
Do not include Do you have a	ordinary nears ny physical imp	sightedness or fa pairments? □ pilepsy □ Yes	lYes ⊠No		☐Yes ☑No	ed? □Yes ⊠No
Do not include Do you have a dave you ever	e ordinary nears	pairments?   poilepsy   Yes pribeen,	lYes ⊠No	If yes, describe the impair	☐ Yes ☑ No ment: D Heart Trouble	
Do not include Do you have a lave you ever tre you now, ouddicted to the Vere you prev	e ordinary nears  ny physical imp  had: Ep  or have you eve	pairments?   poilepsy   Yes er been, ating liquor?	Yes ⊠No ⊠No  IYes ⊠No  If yes, ha	If yes, describe the impair  Vertigo □ Yes ☒ No	☐ Yes ☒ No  ment:  ☐ Heart Trouble  Drug? ☐ Yes ☒ No	□Yes ⊠No

If you are granted a taxicab permit, will you use an accurate taximeter at all times and seal? ⊠Yes □ No	possess a valid current Weights and Measures
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, subtand smog inspection certificate and submit to an annual inspection of the general taxicab? ☑Yes ☐No	mit annually a State of California brake, road lamp I appearance of the interior and exterior of you
Read each section and sign initials to the left of each section if you agree and underst	and.
I understand that in addition to the regulations adopted by the Taxical Francisco Controller there are sections of the San Francisco Municipal Code, San Fra	o Commission and of the City and County of Sar ancisco Traffic Code and California Vehicle Code
permit. There are copies of the San Francisco municipal permit. There are copies of the San Francisco Municipal Code available at City Hall, at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent penalty of perjury that the foregoing is true and correct. Executed at San Franciscomplete information provided by me, relative to this application, may be consider revoke the permit that is granted.	The Public Library, Legal bookstores and on-line tent is part of the application, and I declare unde isco, California. I understand that any false o
Am I will actively and personally engage as a permittee-driver under any per any twenty-four (24) hour period at least seventy-five percent (75%) of the busine information submitted on my application and financial statement is true and corresponding provided by me relative to this application, may be considered cause to permit if granted.	ess days during the calendar year and that the ect. I understand that any false or incomplete
have read all of the above statements and declare under penalty of perjury that they a	are correct.
Executed on this Friday day of 14	20 <u>0 7</u> at San Francisco, California.
AM A MANAGO	
Signature of Applicant	The first for the first factor

DEC 20 2007

SAN FRANCISCO TAXI COMMISSION

### PECENED

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

WOLLD ST CHILD A CONTROL TO CONTR	om:
YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & I	NSURANCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY - COMPLETE ENTIRE	FORM
Applicant's Name (First, Middle, Last)	Phone / Cr.
AMR A MAHMOUD	(650 , - UU ) 5
Residence Address (Street Address, City, State, Zip)  1/1 Danie 0:0 - 1 DALY CITY CA94	
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, Zin)	Puninger Diege
DESOTO CAB COOP SSS Selly S.F. CA 94	124 (415) 970 1306
Medailion Number(s)	Owner / Operator Gas & Gate
Diagon list the regent(s) why you are required this shares	Long Term Lease
Please list the reason(s) why you are requesting this change:	•
I have been with Desots Cat since	e June 7, 1995
also this Color Scheme has a very god	radis
(We) certify (or declare) under penalty of perjury under the laws of the State of California that the	ne foregoing is true and correct.
	he foregoing is true and correct.  at San Francisco, California
	at San Francisco, California
xecuted this 12 day of 20 ,20 07  AMR A MAHMOUT	at San Francisco, California
xecuted this 12 day of 20 , 20 07  AMR A MAHMOUT	at San Francisco, California
xecuted this 12 day of 20 ,20 07  AMR A MAHMOUT	at San Francisco, California  Signature of Applicant
xecuted this 12 day of 20 , 20 07  AMR A MAHMOUT	at San Francisco, California  Signature of Applicant  Title:  GENERAL MGR
AMR A MAHMOUT  Print Name of Applicant  **DBECOMPLETED BY ACCEPTING COLOR SCHE  Image of person authorized to sign for Color Scheme Holder.  CINDY L. WARD  The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTO	at San Francisco, California  Signature of Applicant  Title:  GENERAL MGR
AMR A MAMMOUT  Print Name of Applicant  **TO BECOMPLETED BY ACCEPTING COLOR SCHE  Ima of person authorized to sign for Color Scheme Holder:  CINDY L. WARD  The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for reby give consent to the applicant named to use my color scheme.	at San Francisco, California  Signature of Applicant  ME  Title:  GENERAL MGR  CAB Co.  Taxicab Color Scheme
xecuted this 12 day of 20 ,20 07  AMR A MAHMOUT)  Print Name of Applicant  TO BECOMPLETED BY ACCEPTING COLOR SCHE  Ima of person authorized to sign for Color Scheme Holder:  CINDY L. WARD	at San Francisco, California  Signature of Applicant  ME  Title:  GENERAL MGR  CAB Co.  Taxicab Color Scheme
AMR A MAMMOUT  Print Name of Applicant  **TO BECOMPLETED BY ACCEPTING COLOR SCHE  Ima of person authorized to sign for Color Scheme Holder:  CINDY L. WARD  The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for reby give consent to the applicant named to use my color scheme.	at San Francisco, California  Signature of Applicant  ME  Title:  GENERAL MGR  CAB Co.  Taxicab Color Scheme
AMR A MANMOUT  Print Name of Applicant  **COBECOMPLETED BY ACCEPTING COLOR SCHE Ima of person authorized to sign for Color Scheme Holder:  CINDY L. WARD  The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for PESOTO  reby give consent to the applicant.named to use my color scheme.  ertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true  WAY L. WARD  Signature of Cold Scheme Holder / person authorized to sign for Color Scheme Holder	at San Francisco, California  Signature of Applicant  ME  Title:  GENERAL MGR  CAB Co.  Taxicab Color Scheme
AMR A MAMOUN  Print Name of Applicant  **EO:BE:COMPLETED BY:ACCEPTING:COLOR SCHE ime of person authorized to sign for Color Scheme Holder:  CINDY L. WARD  Tely give consent to the applicant named to use my color scheme.  artify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true  WARD  L. WARD  TESPID  TESPID  TESPID  TO BE COMPLETED BY:ACCEPTING:COLOR SCHE  TO BE COLOR SCHE  TO BE COLOR S	at San Francisco, California  Signature of Applicant  ME  Title:  GENERAL MGR  CAB Co.  Taxicab Color Scheme
AMR A MAHMOUT)  Print Name of Applicant  **DBECOMPLETED BY ACCEPTING COLOR SCHE  Image of person authorized to sign for Color Scheme Holder:  CINDY L. WARD  TOBECOMPLETED BY ACCEPTING COLOR SCHE  TOBECOMPLICATION	at San Francisco, California  Signature of Applicant  ME  Title:  GENERAL MGR  CAB Co.  Taxicab Color Scheme  and correct.  J07  Date

# SYOFFAR OF THE TRANS

This certifies that

## Amr A. Mahnoud

SAN ERBORCACIO

has successfully completed the requirements for Ramp Taxi Operators Training, on this Thirtieth day of October, 2007. Valid through October, 2010

Certificate # 2240

JUNE 100

Cheryl Damico Certified Sensitivity PASS Trainer

PECEIVED

DEC 3/0 2007

SAN FRANCISCO IAM COMMISSION



### ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER

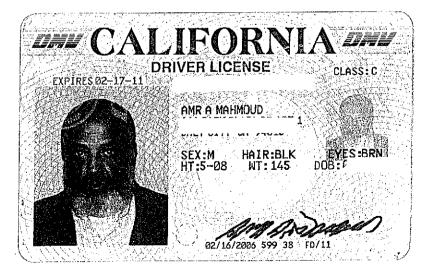
EXPIRES: DECEMBER 31, 2008

### AMR A. MAHMOUD

P44

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1





January 7, 2008

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director Pater Mezey | Director Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Amr Mahmoud.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

### Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Amr Mahmoud for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Trailic
One South Van Ness Avenue, Third Fi. San Francisco, CA 94103 | Tek 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

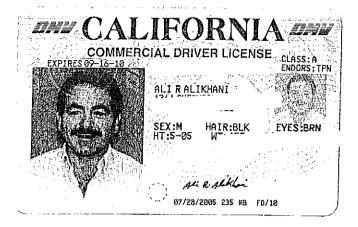
Applicant's Name (First, Middle, Last)  ALIKHUNI  Applicant's Name (First, Middle, Last)	Type of Medallion Applying for: ☐ Regular			
Residence Address (Street Address, City, State, Zip)	NCOFD, CA 94521			
Mailing Address (If different than residence address)				
Residence Phone Number: (923) Alternate Phone Num	nber: (415) 2 2 2 7			
Hours Available at this Number: Hours Available at the Social Security Number Other name(s) used	is Number:			
California Driver's License Number / Expiration Year  Date of Birth	Place of Birth			
Race (Optional)  Will Mile Melaht  Melaht  Mile Melaht	Eye Color BRN Hair Color D. BRN			
Color Scheme / Business Name	Business Number 401-8400			
Color Scheme / Business Address (Street Address, City, State, Zip)  GOLD STAR  Authority And 2011 Enter	P. 67 94124 94107			
Are you a U.S. Citizen? Yes No Are you currently an active driv	er and hold a current Public Passenger Vehicle			
If Yes -Date Permit was issu				
Facts which show why the public will not be adequately served unless this per The City of San Francisco W So	mit is granted: (attach additional pages if needed) Short of Ramped			
	espite of the 75			
Ramp taxi is avaible right now				
Largest Cab Co like Yellow Ca	b luxer cab for			
instant. I was told that it will take upto				
3 thes for a ramp taxi to	reach you			
	,			
Willie MAE Parish broke her lea	1 co. at 1 contact			
a ramp taxi to Send her to	SF general, and			
I Called Yellow dispatcher to send	me one, and			
that's was the answer upto 31	trs. Finally I have			
no choice but to call 911 (11/30/				
send for the parametre to send	her to SF General			
	mp taxi we will			
Service the community better and	adequately as			
explained.	1 )			
	The first form of V for Land			
OFFICE USE ONLY				
Received by Received No. Amount (MAYC 86 119.80)	Date Out of the state of the st			
Notice Date Hearing Date:  Hearing Date:  HZZ=  Revised 10/2/06	Port of the property of the pr			

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☑Yes ☐ No
List residences for last five years (List most recent first, attach additional pages if needed)  From Date To Date Residence Address (Street Address, City, State, Zip)  C14499 CW172M ————————————————————————————————————
How long have you lived within a 30 mile radius of San Francisco?  How many years driving experience do you have in San Are you physically qualified to drive a standard vehicle safely?
Have you ever been convicted of, or plead guilty or No Contest to any crime?   Yes Wo 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
Ti L
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? ☐ Yes ☐ No 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
Addicted to the use of intoxicating liquor?   Yes No Any Narcotic Drug?   Yes No Yes No Any Narcotic Drug?   Yes No Yes No Narcotic Drug?   Yes Narcoti
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? EYes \(\sigma\) 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)  City Radio dispatch Town TAX; dis Pitch

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?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission 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.
A J understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.  Executed on this 12/107 day of December , 20 07 at San Francisco, California.  Signature of Applicant
Signature of Applicant

TAXICAB C	San Francisco Taxicab Commissio
NEW COLOR SCHEME Complete both sides) *CHANGE OF COLOR SCHEME - From: (Complete front side only)	
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURA	ANCE CARD WITH THIS APPLICATION
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FOR	M.
Applicant's Name (First, Middle, Last)  ALI R ALIKHANI	(925) 685-8483
Residence Address (Street Address, Cit. State 71-1)	A 94521
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, addre	ss and phone number will be.
Business Name  Go LD STAR TAX i 999 PENNSYLVAN A AVR.  Medallion Number(s)  Cit 94107	. (415) 401-890D
Medallion Number(s) CH 14-10-7	Owner / Operator Gas & Gate
	Long Term Lease
Please list the reason(s) why you are requesting this change:	
Better Opportunity	The state of the s
(We) certify (or declare) under penalty of perjury under the laws of the State of California that the fo	regoing is true and correct.
Executed this 24Xh day of Dee., 20 67 at  ALI R ALIKHANI  ALIKANI	San Francisco, California
ALI R. ALIKHANI ALIK	2. Allfor
Print Name of Applicant	diaz
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ON	Title:
Name of person authorized to sign for Color Scheme Holder:  AVAI BADVOIL	owner/Manager
, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for 57	AR TAXI
nereby give consent to the applicant named to use my color scheme.	clicab Color Scheme
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	correct.
Com Budien to Color Scharge Holder	Date
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	

	OF	FICE 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:	Receipt No.	Amount	Date





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

### ALI R. ALIKHANI

P44--

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1

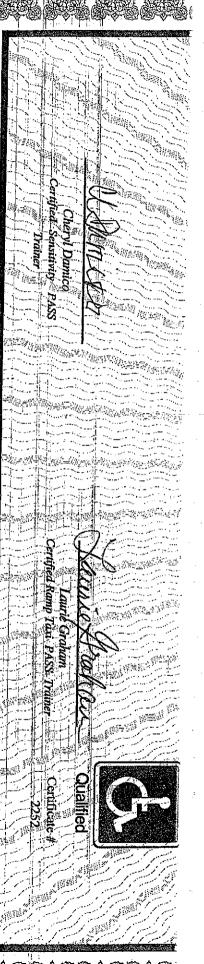


## 

This certifies that

## Ali R. Alikhani

has successfully completed the requirements for Ramp Taxi Operators Training, on this Thirteeth day of October, 2007. Valid through October, 2010



January 7, 2008

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Ali Alikhani.

**Summary of Review Categories:** 

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Experience driving a ramp taxi/knowledge of equipment:

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Comments/Concerns:

Mr. Alikhani needed coaching to accurately describe the proper wheelchair securement technique. The PCC would like to reinforce to Mr. Alikhani that the tie downs should be secured to the frame of the wheelchair, not a moveable part.

Satisfactory

### Recommendation:

The PCC Advisory committee is recommending Ali Alikhani for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Fl. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman
Tom Notan | Vice-Chairman
Cameron Beach | Director
Shirley Breyer Black | Director
Wil Din | Director
Peter Mezey | Director
Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CED

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  AIEXANDER LABUNSK	Type of Medallion Applying for:  ☐ Regular 尽Ramp
Residence Address (Street Address, City, State, Zip)	SE CO 94118
Mailing Address (If different than residence address)	SE CU STILD
Residence Phone Number: (4/S)	Alternate Phone Number: (4//5)
Hours Available at this Number: 7pm ~ Upm Social Security Number Other name(s) used	Hours Available at this Number: 7 Clim - [[Pim
ALEKSA	ANDR LABUNSKY
Càlifornia Driver's License Number / Expiration Year Date	21-Ua. Place of Birth LIZBEKISTAN
Race (Optional)  Sex Height  M/ F	Weight Eye Color Hair Color BROWN
Color Scheme / Business Name  AUTANCE CAB  C	Business Number (4/15) 934-1757
Color Scheme / Business Address (Street Address, City, State, Zip)  2175 MCl 2 Ket Stk - SF-	CO1 94122
1 (10 ) 0 10 10 10 10 10 10 10 10 10 10 10 10 1	rently an active driver and hold a current Public Passenger Vehicle
If No, Alien Resident Card Number Driver Perm If Yes -Dat	it?
Facts which show why the public will not be adequately serve	d unless this permit is granted: (attach additional pages if needed)
I have 12 years of Taxi-de	VING EXPIRIENCE, MICE
personality and very polite	CHOI FRIENDLY
I WALL PROVIDE THE BEST SI	ERVICE FOR RESIDENCE and
CHESTS OF OUR CITY.	
	ICIR CLISTOMERS Whom
I serve FOR Many YERS	5.
Public Need more T	CIXIS and ESPETIOLLY
discibled customers av	nd ISSUING MORE RAMP
TOKIS WILL IMPOVE SERVI	CE FOR THEM.
N	
4444	
	. See See See See See See See See See Se
of the control of the	
Received by: Receipt No. Amount	Date:

1-8-08

Notice Date:

I have driven a Police Code Se			incisco and I me I No	et the curre	nt year's driving	requirement	pursuant to SF	PD Municip	al
	for last five ye To Date 11-29-07 PDESLINE		ent first, attach additi ss (Street Address, (		SF.C	<u> 194</u>	(18		
How long have you		i	How many years of Francisco?	driving experience	ce do you have in Sa		rsically qualified to o	frive a standard	d vehicle
Francisco?	6_years	months	Flasicisco:	<u> 16</u> years_	months	safely?	∑Yes	□No	
2001 1	nt for last five you To Date PRESENT PRESENT	Company Name	cent first, attach addi CE CAB CO R CAB	Address (St	reet Address, City, S	SF.C/	9 91114 F.CA94124	TAXI C	(RIVER
Have you ever be Failure to provide Offense		-	onvictions, guilty p	_			, provide the informa (Attach additional p ause to deny the	ages if needed	,
ls your eyesight Do not include o			rsightedness co	rrected by e	yeglasses.	ls your h	nearing impaired 风No	l?	
Do you have any	physical impa	irments?	lYes 🗷 No	If yes, de	scribe the impai	irment:			
Have you ever ha	ad: Epile	epsy □Yes		Vertigo	□Yes 🔊	lo F	leart Trouble	□ Yes 🛭	(No
Are you now, or h Addicted to the u	_		Yes ⊠No		Any Narcotic	Drug? □	Yes ⊠No		
Were you previou as a taxi driver or	-	X Yes □	<del>=</del>		se been revoked §No	d? If yes	, explain for wh	at cause?	
If you are granted fyes, explain horabout new service	w you will use	and provide 24	-			•	□ No o company, deta	ail informatio	nc

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
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission 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 San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 11-29-07 day of November, 20 07 at San Francisco, California.
aller Laburaly
Signature of Applicant

RECEVED

DEC 14 2007

SAN FRANCISCI FAXI COMMISSIC

## TAXICAB COLOR SCHEME APPLICATION

š ,		·	San Francisco Taxicab Commissio
NEW COLOR SCHEMI		F COLOR SCHEME - From: _	
	•	,	RANCE CARD WITH THIS APPLICATION
		Y - COMPLETE ENTIRE FOR	
Applicant's Name (First, Middle, Last)			Phone (4/5)
ALEXANDER LA Résidence Address (Street Address, C	BUNSKY City, State, Zip)		1(40)
ar	SF.CCL	94118	
Joint Applicant's Name (First, Middle,	Last)		Phone ( )
Residence Address (Street Address, C	ilty, State, Zip)		
Is this a Corporate permit?	No Yes If yes, Name of	of Corporation:	
It this color scheme request is g Business Name	granted by the Taxicab Commission, Business Address (Street Address)	list what your business name, addre	Business Phone
AllIANCECAR		2 Ket SF. CA 941	22 (415) 934-1757
Medallion Number(s)			Owner / Operator Gas & Gate Long Term Lease
Please list the reason(s) wh	y you are requesting this chang	je:	
Becauses	tam with to	he company for	oz Courtine
and they	111SE Black O	und White Che	cher Olispache
and all	of of elder	ly and disa	bled RUSSIANI
speaking.	residents of S	au Francisco	calling for
cal to	BILL Checker	so it will i	mprovesezoice
for their	r, like for oth	has prople ina	eects.
(We) certify (or declare) under	penaity of perjury under the laws of	of the State of California that the fo	regoing is true and correct.
Executed this	_day of	, 20at :	San Francisco, California
ALEXANDER	L'ARUNGKY	Ollex Zabri	arm -
Print Name o	f Applicant	Signs	ture of Applicant
		CCEPTING COLOR SCHEME	-
ame of person authorized to sign for Co	lor Scheme Holder:	•	Title:
- William #	10927		or anager
the Color Scheme Holder / person	authorized to sign for the Color Schem	e Holder for Alliance	zab Color Scheme
areby give consent to the applicant	named to use my color scheme.	, 1 dAll	ao Coloi Scheme
certify (or declare) under penalty of	perjury under the laws of the State of C	California that the foregoing is true and	correct.
_ Oulinsto	Quiz		107
Signature of Color Scheme Holder   p	erson authorized to sign for Color Scheme Holder	. 1 /	Daté see see see see see see see
	OFFICE	JSEONLY	A AN MAIN COMM. WAS A COMMAND
jenda Notice Data	Hearing Date	Decision of Taxicab Commission	New Declaration Signed ( 2007
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted Amount	Photos Submitted
ceived by:	Receipt No.	Amount	Date , ,

## SYOFFERENCES

This certifies that

# Alexander Labunsky

SAN FRANCISCO DAXI COMMISSION

> Taxi Operators Training , on this twenty-fourth day of has successfully completed the requirements for Ramp March, 2007. Valid through March, 2010



**Qualified** 

Certificate # 2160

U. Danie

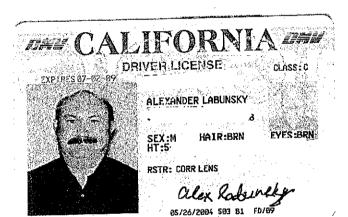
Cheryl Damico Certified Sensitivity PASS Trainer

Laurie Graham Certified Ranp Taxi PASS Trainer

RECEIVED

DEC 14 2007

SAN FRANCISCO WAI COMMISSION





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

## ALEKSANDER LABUNSKY

P44-

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



December 19, 2007

Heidi Machen, Executive Director SF Taxi Commission 25 Van Ness, Suite 420 San Francisco CA 94102

Dear Ms. Machen:

Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director Peter Mezey | Director Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CED

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On December 14, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Alex Labunsky.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

## Comments/Concerns:

### Recommendation:

The PCC Advisory committee is recommending Alex Labunsky for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Ff. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

## PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
TOM BURTON JR.	∫ √⊈ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	
10 Je	
Mailing Address (If different than residence address)	
Residence Phone Number: (925) Alterna	te Phone Number: (725)
Hours Available at this Num:	Available at this Numbe
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) D Sex Height, Weight	
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	(418)970-1108
	1 P 94124
	active driver and hold a current Public Passenger Vehicle
If No, Alien Resident Card Number Driver Permit?	Kes □No
If Yes –Date Perm	
Facts which show why the public will not be adequately served unles	
Inings I AM hearing	g From The
News Media Regarding	The public out cry
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Shows That More	CABS Ane Needed
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	100 MAY 100 TO 151 W NA78.
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Received by Receipt No. Amount	
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Notice Date: Hearing Dat	e and $e$
Revised 10/2/06	where the residence of the first is the residence of the second state of the second se

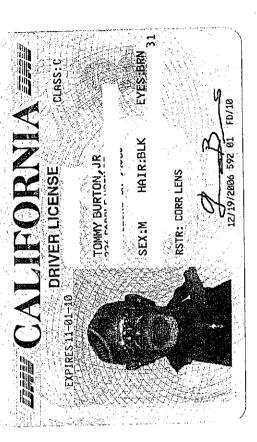
	en a taxicab in the e Section 1121(b)		ancisco and I me ∃No	et the current	year's driving re	equirement purs	uant to SF	FPD Municipal
List residen	ices for last five ye To Date		ent first, attach additions ss (Street Address, C		ed)			
2003		· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	p, 175h	ung (	3.4-
Francisco?	you lived within a 30 r	months	-	<b>∛</b> © years	months	Are you physically safely?	y qualified to	drive a standard vehicle
List employ From Date	ment for last five y To Date	Company Name	cent first, attach addi	Address (Stree	t Address, City, Stat			Type of Work
2004	2007		CH Co.					
-	ver been convicted vide full information		onvictions, guilty pi			(Attac	h additional	nation required below. pages if needed) permit.  fully full.
						Is your hearing	na impaire	ad?
Do not inclu	ight impaired? □ de <i>ordinary nearsi</i>	ghtedness or fa				□Yes □	-	
Do you have	any physical imp	airments?	]Yes ¦⊠́_No	If yes, desc	ribe the impairr	ment:		
Have you ev		ilepsy □ Yes	√Z(No	Vertigo I	□Yes √ÇNo	Heart	Trouble	□ Yes ▽⊋No
•	, or have you eve he use of intoxica	r been, ting liquor?	Yes □ No		Any Narcotic D		□No	
•	eviously licensed er or chauffeur?	<b>⊉</b> Yes □		as the license	been revoked? lo	If yes, exp	olain for w	hat cause?
If you are gra If yes, explai about new se		e and provide 24	l-hour radio disp	atch service:	(i.e. state existii	Yes □ Nong radio cab cor		tail information
	I Wil	NoT	- Sit	hours	AT 7	The An	rpon	<del></del>
	LIKE	The s	to le	OUE 1	107 P	7919	TYP	TEACH

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? '덫'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?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission 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.
Tunderstand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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.
any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the 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 all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 14 day of December , 20 7 da 7 at San Francisco, California.
Signature of Applicant

## TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

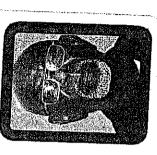
NEW COLOR SCHE	ME CHANG	E OF COLOR SCHEME - From: _(Complete front side only)	
	TIFICATE OF WORKER'S COMPEN	SATION, REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATION
14	PLEASE PRINT CLEA	ARLY - COMPLETE ENTIRE FO	RM
Applicant's Name (First, Middle, La			Phone
Tom 1	Burfon		(9
Residence Address (Street Addres	2 017 1 0 11		
-	n <sup>2</sup> 2 <sup>4</sup> 7'	CA 94565	
Joint Applicant's Name (First, Midd	le, Last)	0.1 1,000	Phone
			( , )
Residence Address (Street Address	s, City, State, Zip)		
3/ (/) - 1/ (4/)		Jung CA 94865	
Is this a Corporate permi	it? No Yes If yes, Na	ame of Corporation:	
			**************************************
	is granted by the Taxicab Commis	sion, list what your business name, add	ress and phone number will be.
Business Name		eet Address, City, State, Zip)	Business Phone   1011 (UIG ) 470   11m /
Arrow Jaxic	40 3312 //	MAGA 31, 7: 1. 1. 17. 17.	Owner / Operator
Medallion Number(s)		-	Gas & Gate
· · · · · · · · · · · · · · · · · · ·			Long Term Lease
Please list the reason(s)	why you are requesting this cl	hange; hunt to laring meda	Ulon
\	17.	<u> </u>	
$-1$ , $+$ $\omega$	ould Like	MAKING MONE	Money
by W	ORKING FOR	My SE/F INS	teAd 185
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(1) 814-19	7810 4 0	30 PANCY V	
10 7.4	e my A Med	Allion To Anna	(Ab Coupany
The	Company The	At The world	PROVIDES
	ce/leng se	2V1C-83	
L(Ma) certify (or declare) un	der penalty of periury under the la	aws of the State of California that the t	foregoing is true and correct.
The	· 🛌		•
Executed this 14	day of Deczny	2007 a	t San Francisco, California
_	*	<i>i</i>	$\bigcirc$
Jan Bun	TON ON.		
Print Na	me of Applicant	, Si	gnature of Applicant
	W TO RECOMPLETED B	Y ACCEPTING COLOR SCHEMI	<u> </u>
Name of person authorized to sign for			Title:
Tyler Speck	,		Geronal Manage
THE THEOR		A -	V 1 1
L the Color Scheme Holder / per	son authorized to sign for the Color S	icheme Holder for Army (4	XICIB LO.
}	cant.named to use my color scheme.	Т	axicab Color Scheme
I certify (or declare) under penalt	pof perjury under the laws of the Stat	te of California that the foregoing is true an	d correct.
1	//	12-5-07	
Signatural of Color Schame Hold	er / person authorized to sign for Color Scheme H	7.53	Oale []
Signature) of Color Scrience Figito	or person demanded to sign of dolor designed		The first first first first
	OFF	(CE USE ONLY	050 - 4 2007
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed 2007
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted PANCISCO
Received by:	Receipt No.	Amount	Date Constitution
,	1	I I	,





🔄 OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER ISSUED BY

EXPIRES: DECEMBER 31, 2008 TOM JR. BURTON The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



SAN FRANCISCO /AXI COMMISSION

DEC 17 2007

## Consent Calendar: Item G

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

Medallion Holder Name:	Medallion #:	Change:
1. Ray R. Yaghmour	547	Yellow Cab to Delta Cab
2. Leon Veysman	877	United Cab to Luxor Cab
3. Mary McGuire	474	Metro to National/Veterans

## TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission ☐ NEW COLOR SCHEME \*CHANGE OF COLOR SCHEME - From: (Complete both sides) \*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) Phone ZICALLAH YAGHMOUR s, City, State, Zip) Joint Applicant's Name (First, Middle, Last) 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 Address (Street Address, City, State, Zip) Owner / Operator Gas & Gate C Long Term Lease Please list the reason(s) why you are requesting this change: I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. at San Francisco, California TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY Name of person authorized to sign for Color Scheme Holder: I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for 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 OFFICE USE ONLY Decision of Taxicab Commission Agenda Notice Date Hearing Date New Declaration Signed Paint Chips Submitted Worker's Comp Submitted Insurance Submitted Photos Submitted Received by: Receipt No. Amount

NOTE: UPON THANSHER OR SALE, DEALER MUST ENTER ODOMETER READING HERE. SOLD TO: PRINT THUE FULL NAME(S) DATE FIRST SOLD AS A NEW VEHICLE (MODDAYYR.) REG397 (REV. 7/2005) MAKE ARAK R YAGHMOUR ST DALY CITY CA 94014 BODY TYPE NEW VEHICLE DEALER NOTICE TEMPORARY IDENTIFICATION (Must be affixed to the vehicle before delivery to the purchaser) VEHICLE IDENTIFICATION NUMBER DEALER'S NUMBER 10226 is a notice of purchase of vehicle. Do not use as an application for registration or title. IMPORTANTI ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This SALESPERSON'S NUMBER \$564952 19916618

ACORD CERTIFI	CATE OF LIABIL	ITY INSI	JRANCE	OPID UR DELTA12	DATE (MWDD/YYYY) 07/20/07
PRODUCER		THIS CER	TIFICATE IS ISSU	JED AS A MATTER OF IN	FORMATION .
(SF) Heffernan Insurance	Trero	ONLY ANI	O CONFERS NO I	RIGHTS UPON THE CERT TE DOES NOT AMEND, E	FIFICATE '
120 Howard Street, Suite		ALTER TH	IE COVERAGE AI	FORDED BY THE POLIC	IES BELOW.
San Francisco CA 94105					
Phone: 415-778-0300 Fax:	415-778-0301	INSURERS	AFFORDING COV	ERAGE	NAIC#
INSURED		INSURER A:	Delos Insu	rance Company	
Delta Cab Company		INSURER 8:			
Delta Cab Company Marty Smith 1340 25th Street		INSURER C:			
San Francisco CA	94107	INSURER D:			
		INSURER E:			
COVERAGES  THE POLICIES OF INSURANCE LISTED BELOW H.	AVE BEEN ISSUED TO THE INSURED NAME	O ABOVE FOR THE PO	OLICY PERIOD INDICA	TED NOTWITHSTANDING	
ANY REQUIREMENT, TERM OR CONDITION OF A	NY CONTRACT OR OTHER DOCUMENT WIT	TH RESPECT TO WHIC	H THIS CERTIFICATE	MAY BE ISSUED OR	
MAY PERTAIN, THE INSURANCE AFFORDED BY T POLICIES, AGGREGATE LIMITS SHOWN MAY HAY		ECT TO ALL THE TER	WS, EXCLUSIONS AND	CONDITIONS OF SUCH	
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CLAIMS MADE OCCUP	<b>;</b>	!		MED EXP (Any one person)	\$ .
				PERSONAL & ADV INJURY	\$
				GENERAL AGGREGATE	\$
GEN'L AGGREGATE LIMIT APPLIES PER	:			PRODUCTS - COMP/OP AGG	s
POLICY PRO- LOC					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
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ALL OWNED AUTOS				BODILY INJURY	
SCHEDULED AUTOS				(Per person)	S
HIRED AUTOS				BODILY INJURY	\$
NON-OWNED AUTOS	.			(Per accident)	•
				PROPERTY DAMAGE	\$
	<u> </u>			(Per accident)	
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
ANYAUTO	NOT APPLICABLE			OTHER THAN EA ACC	\$
			·	AUTO ONLY: AGG	\$
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
OCCUR CLAIMS MADE	NOT APPLICABLE			AGGREGATE	\$
					\$
DEDUCTIBLE					\$
RETENTION S		<del></del>			S
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	DCP00t	07/20/07	07/20/08	X TORY LIMITS OTH-	• 1000000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	DCFOOL	01/20/01	0//20/08		s 1000000
If yes, describe under		-		E.L. DISEASE - EA EMPLOYEE	
SPECIAL PROVISIONS below OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1000000
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SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSEM	ENT / SPECIAL PROVI	sions		
10 day notice of cancella	tion for non-payment	of premium	. •		
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	SANFRTA			D POLICIES BE CANCELLED BE	FORE THE EXPIRATION
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San Francisco Taxi 25 Van Ness Avenue	- <del>-</del>	REPRESENTATIVE			,
San Francisco CA 94		AUTHORIZE			
yes men sangan aver are bed had had . Suite A	,	11111	- Comment		

## INSURANCE IDENTIFICATION CARD

J (STATE)

MEANY NUMBER

COMERNY

CICY NUMBER 30000008 셠

MAKE/MODEL 10/12/07 FORD

NATIONAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE

10/12/08 VEHICLE IDENTIFICATION NUMBER EXPIRATION DATE 2FDFP

## ENCY/COMPANY ISSUING CARD

UBELIC LIVERY INS SERVICES, INC .380 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

ELLOW CAB #547 CENTRE

AN FRANCISCO, CA 94107 SFITA & AUTOS FOR HIRE .200 MISSISSIPPI ST

EE IMPORTANT NOTICE ON REVERSE SIDE

## IDENTIFICATION CARD INSURANCE

(STATE)

COMPANY MERNY NUMBER

LICY NUMBER

80000008

10/12/08 VEHICLE IDENTIFICATION NUMBER EXPIRATION DATE NATIONAL INTERSTATE INSURANCE COMPANY BFFECTIVE DATE 10/12/07 MAKE/MODEL

FORD

SENCY/COMPANY ISSUING CARD

\*UBLIC LIVERY INS SERVICES, INC .380 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

SCRED

.200 MISSISSIPPI ST SAN FRANCISCO, CA 94107 ELLOW CAB #547 SFITA & AUTOS FOR HIRE

EE IMPORTANT NOTICE ON REVERSE SIDE

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

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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ACORD 50 (1/83)

## TAXICAS COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

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*YOU MUST SUBMIT A CERTIFICATE OF WO			
		/ - COMPLETE ENTIRE F	
Applicant's Name (First, Middle, Last)	SE FIGHT CELANE	- COM ELTE ENTINET	Phone
	man		v
Residence Address (Street Address, City, State, Zip)	وسر م ب	1. S.S.F. C	74 94080
Joint Applicant's Name (First, Mfddle, Last)			Phone ( )
Residence Address (Street Address, City, State, Zip)			
Is this a Corporate permit?	Yes If yes, Name of	of Corporation:	
(			addeed and whose promise will be
If this color scheme request is granted by the Business Name	Business Address (Street Add)	ess. City. State. Zip)	Business Phone
LUXOR CAB	2230 Je1	roup Ave, St	9/24 (415) c/01-1401
Medallion Number(s)			Owner / Operator Gas & Gate Long Term Lease
Please list the reason(s) why you are r	equesting this change	a·	
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SPRUCE COM	PAKY.		A Street Section 1
	, 		Elifa day Tour dawn is the consistent
			<u>nec 2.7 2007</u>
			<b>农产玩 \$100 产品的</b>
			SAM COMMISSION
I (We) certify (or declare) under penalty of p			
Executed thisday of	December	(, 20 <i>07</i>	_at San Francisco, California
Leon Veysman	•	Li Meds	man/
Print/Name of Applicant		- Michigan	Signature of Applicant
	7.5	<u>ź-Earkozeń</u> jeczczaji	
Name of person authorized to sign for Color Scheme Ho	lder:		Title:
John LAZAR			President XOR CAB Co
I, the Color Scheme Holder / person authorized to	sign for the Color Schem	e Holder for	XOR CAB CO
hereby give consent to the applicant named to us			Taxicab Color Scheme
I certify (or declare) under penalty of perjust under	r the laws of the State of C	alifornia that the foregoing is true	e and correct.
Signature of Color Scheme Holder / person authorized	fo sing for Color Scheme Holder		- 2 7 - 0 7-
Digitalia of Ogigit Gotterno i toliudi i personi dolinoi 284			
	CEE(GEO	SECNEY	中国特色性产生的 (1) (1) (4)
Agenda Nótice Date 1-9-00 Hearing Date	3645,000 (400,000)	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted N20 Insurance St		Paint Chips Submitted	Photos Submitted
	ceipt No. (pHH12	1 Amount 291-	Date
			Revised 11/04/2005

Client#: 6212 ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 05/01/2007 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 John Burnham SD 1610 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. 750 B Street, Suite 2400 San Diego, CA 92101 INSURERS AFFORDING COVERAGE NAIC# 800 421-6744 19380 INSURER A: American Home Assurance Company INSURED INSURER B: By Authority of AIG Co. Luxor Cab Company 2230 Jerrold Avenue INSURER C: San Francisco, CA 94124 INSURER D: INSURER E: 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. COVERAGES LIMITS INSR ADD'L LTR INSRD POLICY NUMBER TYPE OF INSURANCE EACH OCCURRENCE GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occure COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) CLAIMS MADE OCCUR PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS \$ SCHEDULED AUTOS BODILY INJURY (Per accident) HIRED AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT GARAGE LIABILITY EA ACC OTHER THAN AUTO ONLY: ANY AUTO AGG EACH OCCURRENCE EXCESS/UMBRELLA LIABILITY AGGREGATE CLAIMS MADE OCCUR DEDUCTIBLE RETENTION X WC STATU-TORY LIMITS 05/01/07 05/01/08 WC5 WORKERS COMPENSATION AND E.L. EACH ACCIDENT \$1,000,000 EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT | \$1,000,000 If yes, describe under SPECIAL PROVISIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Cerificate is subject to all policy limits, conditions and exclusions. CANCELLATION Ten Day Notice for Non-Payment of Premium CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN San Francisco Taxi Commission NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL 25 Van Ness Avenue Rm 420 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR San Francisco, CA 94102 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

**© ACORD CORPORATION 1988** 

SAWEB

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: 11/30/2007 TO: 11/30/2008 1AKE YR MODEL VLF CLASS \*YR 'ORD 2006 2005 TYPE VEH DY TYPE MODEL TYPE LIC CV 2007 LICENSE NUMBER MP 32X MO ΑX X WC UNLADEN/G/CGW 31 G NY 2 PE VEHICLE USE C 03640 VEHICLE ID NUMBER DATE ISSUED OMMERCIAL CC/ALCO 1FA! DT FEE RECVD 11/28/07 PIC 38 STICKER ISSUED 11/28/07 PR/HIST: TAXI 9 ISTERED OWNER PR EXP DATE: 11/30/2007 JNITED CAB CO AMOUNT PAID

10 HERON ST AMOUNT DUE AMOUNT RECVO 166.00

CASH : 166.00 CHCK :

\$ 166.00

AN FRANCISCO CRDT : 94103

HOLDER

## INSURANCE IDENTIFICATION CARD (STATE) S

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COMPANY KUMBER

POLICY MUMBER CACOCOCTOC417

10/12/07

MAKE/MODEL

EINCOLN SEMERAL INSURANCE COMPANY SEERCTIVE DATE EXPIRATION DATE 13/12/08

VEHICLE IDENTIFICATION NUMBER

POENCY/COMPANY ISSUING CARD

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

UNITED CAB # 877
SEITA & AUTOS FOR HIRE
20 MERON ST
SAN FRANCISCO, CR 94103 SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEET IN THE INSURED VEHICLE AND PRESENTED DROW DEMAND

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

1. Name end address of each driver, passenger and witness.

Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: **NEW COLOR SCHEME** (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) Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? 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 Address (Street Address, City, State, Zip) Gas & Gate Long Term Lease Please list the reason(s) why you are requesting this change: I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. at San Francisco, California TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person authorized to sign for Color Scheme Holder: 12003 I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for \_ 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. person authorized to sign for Color Scheme Holder OFFICE USE ONLY Agenda Notice Date Hearing Date 0122 08 Decision of Taxicab Commission Paint Chips Submitted Worker's Comp Subm Insurance Submitted Receipt No. Amount Received by: AM COMMENCE 11/04/2005

DATE FIRST SOLD AS A NEW VEHIC		STRATION OF N	V FOR IEW VEHIO	CLE		18	57762
	LE (MO./DAY/YR.)	DATE FIRST O	PERATED (MO./DAY	YS.)		NRM/INC	)
		12	/27/07			}	
MAKE	YEAR MODEL	BODY TYPE	MOTIVE POW	ER	NUMBER OF AXLES	UNLADE	N WEIGHT .
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EOR CAMPTRAILERS AND TRAILER COACHES			Ì				SAN FRAN
SOLD TO: PRINT TRUE FULL NAME			THE ORDER SHOW	N BELOW	EQUIPMENT NUMBER	DRIVER (	ICENSE/ID CARD
	<u>AL CAB COMPANY</u>	INC		#DDI,€		ODÁCO (	ICENSE/ID CARD
LAND		7 0131	, v	voole		UNIVER	ICENSOID CARD
OR (2) BUSINESS OR RESIDENCE ADDRESS	3	···	APT. NUMBER	CITY .		STATE	ZIP CODE
2270 MCKINNON	AVE			SA	N FRANCISCO	CA	941
MAILING ADDRESSIF DIFFERENT F	ROM ABOVE OR LOCATION (	FOR TRAILER COACHWESSEL	) APT. NUMBER	CITY		STATE	ZIP CODE
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Me /	Par.		•			1	MU LIENHOLDER
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SSEE ADDRESS—REQUIRED WHEN	N DIFFERENT FROM REGISTE	ERED OWNER ABOVE	APT, NUMBER	CITY	•	STATE	ZIP CODE
				<u></u>			
a passenger vehicle, will it b	e used for nice or to pro	ovide a service of transpo	oming passenge	rs in conjur	iction with a busines	SS'?	
PPLICANT'S CERTIFICA	TION: I certify under pe	enally of periusy under the l	aws of the State of	of California	that the foregoing info	rmation is tru	ie and correct
PPLICANT'S CERTIFICA	BUYER'S SIGNATURE(S)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ول بيند ديده	t krus	native lologonig uno	indion is no	
12/27/07	(1) X	NATIONAL CAB	COMPANY J	影 X			
d finance charges).				DATE PURC	HASED/ACQUIRED		COST
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·	all permanently attached ite s, etc.).	ems (wall to wall carpeting, fa	ctory air		2/27/07		26421.00
Cost of trailer coach including a conditioning, built-in appliances.	all permanently attached ite s, etc.).	ems (wall to wall carpeting, fa	ctory air	MENT		ult in fines and	
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Cost of trailer coach including a conditioning, built in appliances deral and state law requires that ye odometer reading is tements is checked.  We certify under penalty of perjury	all permanently attached ites, etc.).  O you state the mileage upor  O ARNING — Is not the under the laws of the Sta	ems (wall to wall carpeting, far properties of carpeting). The carpeting is and to the actual mileage.	COURE STATEM URE STATEM URE to complete or the best of my k Mileage exceeds ormation entered	AIENT making a fal nowledge re the odomete on this form	ise statement may resu flects the actual milea er mechanical limits. is true and correct.		d/or imprisonme
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ACORD CERTIFICATE OF L		NI YTI.	SURAN	CE	DATE (MM/DD/YY 12/28/200
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DBA: Veterans Cab Company 2270 McKinnon Avenue		INSURER B:			
San Francisco, CA 94124		INSURER D:			
•		INSURER E:			
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUE ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT O MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCE	R OTHER DO SCRIBED HEI ED BY PAID C	CUMENT WITH REIN IS SUBJE LAIMS.	RESPECT TO WH CT TO ALL THE TE	ICH THIS CERTIFICATE MA RMS, EXCLUSIONS AND C	AY BE ISSUED OR
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CLAIMS MADE OCCUR				MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$
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AUTOMOBILE LIABILITY  ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
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WORKERS COMPENSATION AND		/01/2007	05/01/2008	X WC STATU- OTH- TORY LIMITS ER	*
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$ 1,000,0
OFFICER/MEMBER EXCLUDED?			i	E.L. DISEASE - EA EMPLOYEE	s 1,000,00
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,00
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Taxi Commission				SHALL IMPOSE NO OBLIGATION	
25 Van Ness Avenue Suite 420	1			S AGENTS OR REPRESENTATIV	
San Francisco, CA 94102	AU	THORIZED REPR	ESENTATIVE	1 1 1	
	L <sub>N</sub> :	ck DiNico	Ja/MAPCO	VOLDINE	

ACORD 25 (2001/08) FAX: (415)503-2186

INSURANCE IDENTIFICATION CARD

COMPANY STATE CA COMPANY NUMBER

2.7553 POLICY NUMBER

Mercury Insurance Company EFFECTIVE DATE EXPIRATION 1 AC11081824

10/07/07 MAKE/MODEL

EXPIRATION DATE

VEHICLES AGENCY/COMPANY ISSUING CARD SCHEDULE

Y. A. Tittle Insurance

Paul Batmale 650-856-2120

INSURED

10/07/08 VEHICLE IDENTIFICATION NUMBER

National Cab Company, Inc.

2270 McKinnon Avenue San Francisco

CA 94124

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CSR TG

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

to your Agent/Company as soon as possible. IN CASE OF ACCIDENT: Report all accidents 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 WM(2/95)

## Consent Calendar: Item H

Consideration of the Taxi Commission to grant a Dispatch Change to:

Color Scheme:	Change:
1. Delta Cab	Black & White Checker to Town
	Taxi

Print Name of Author 250 Person of Dispatch Service

consent to the applicant named to use the dispatch service.

I certify (or declare) under genelate of periods under the laws of the State of California that the foregoing is true and correct.

RECEIVED
DEC 3 1 2007
SN PRICECO FRCCORPERION

999 Pennsylvania Ave. SF CA 94107

Marafer 12/31/07

the person authorized to sign for the Dispatch Service hereby give

Delta Cab Company 1340 25<sup>TH</sup> Street San Francisco, Ca. 94107 Phone: 415-920-9097

Fax: 415-920-9317 Email: delta <u>cab@msn.com</u> December 21, 2007, 10:49 AM

RECEIVED

DEC 3 1 2007

COEDWAN WY

From: Martin B. Smith

Owner/manager Delta Cab Company

To: Taxi Commission

Delta Cab Company will be moving from black and white dispatch to Town taxi dispatch for there radio dispatch as of January 1, 2008.

hank you

Marti Smith Owner/manager



TownTaxi, Inc.
999 Pennsylvania Avenue
San Francisco, CA 94107
Tel: 415.401.8900 Fax: 415.401.8734

RE: Delta Cab Co. Radio Dispatch

12/24/2007

RECEVED

DEC 25 2007

SAN FRANCISCO OVA COMASSION

Dear Heidi!

This letter is to inform you that Delta Cab Co. management expressed an interest of having us, Town Taxi, Inc. as their Radio Dispatching Service.

Effective January 1<sup>st</sup>, 2008 Town Taxi, Inc. will take over Delta Cab Co. radio dispatching needs including handling of their "lost and found" and other dispatching duties.

Please call us at 415.401.8900 if we can further assisted you on that matter.

Thank you,

Jacob Mayzel-

## Consent Calendar: Item I

Consideration to reverse Commissions decision to grant a time waiver to Negash Tesfasilasie, list # 7-002, since the applicant submitted a letter to withdraw his Time Waiver Request. See memo.

## CITY AND COUNTY OF SAN FRANCISCO



## TAXI COMMISSION MAYOR GAVIN NEWSOM

## **MEMORANDUM**

To:

**Honorable Commissioners** 

From:

Heidi Machen

**Executive Director** 

Date:

January 3, 2008

Re:

Negash Tesfasilasie, List# 7-002

Negash Tesfasilasie, List# 7-002, submitted a letter on December 6, 2007 withdrawing his request for a time waiver. Due to a clerical error, his name was kept on the list of time waiver requests and he was granted a time waiver. He should not have been on the list of names to receive a time waiver as he no longer wished to receive one.

The Taxi Commission recommends that the Commission vote to reverse the decision and allow Negash Tesfasilasie, List# 7-002, to be eligible for one time waiver in the future.