Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the February 12, 2008 hearing.
Notice Section: Item A

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

<table>
<thead>
<tr>
<th>Taxicab Permit Applicant</th>
<th>List #:</th>
<th>Color Scheme:</th>
<th>Medallion Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ernesto G. Diala</td>
<td>6-517</td>
<td>Arrow Cab</td>
<td>Alt. Fuel</td>
</tr>
<tr>
<td>2. Barry Korengold</td>
<td>6-521</td>
<td>Yellow Cab Co-Op</td>
<td>Alt. Fuel</td>
</tr>
<tr>
<td>3. Nollie P. Griffin</td>
<td>6-523</td>
<td>Big Dog City Cab</td>
<td>Alt. Fuel</td>
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<tr>
<td>4. Jessie Reyes</td>
<td>6-524</td>
<td>Royal Cab</td>
<td>Alt. Fuel</td>
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<tr>
<td>5. Mohammed Z. Khan</td>
<td>6-878</td>
<td>DeSoto Cab</td>
<td>Ramp</td>
</tr>
<tr>
<td>6. Demian Volynsky</td>
<td>6-890</td>
<td>Black &amp; White Checker Cab</td>
<td>Ramp</td>
</tr>
<tr>
<td>7. Lien Nguyen</td>
<td>6-933</td>
<td>Yellow Cab</td>
<td>Ramp</td>
</tr>
<tr>
<td>8. Maria Yuhas</td>
<td>6-993</td>
<td>Arrow Cab</td>
<td>Ramp</td>
</tr>
</tbody>
</table>
MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
      Executive Director

Date: January 15, 2008

Re: Medallion Applicants for Ramp and Alternative Fuel Medallions

1. Ernesto Diala, List# 6-517, Alt. Fuel
   - 2004: 174 shifts
   - 2005: 1104 hours
   - 2006: 1168 hours
   - 2007: 162 shifts

2. Barry Korengold, List# 6-521, Alt. Fuel
   - 2004: 783 hours, short 17 hours*
   - 2005: 0 hours, short 800 hours
   - 2006: 942 hours
   - 2007: 829 shifts

*Per Yellow Cab Co-Op, they lost five waybills for the year 2004 totaling 43 hours. If these hours are included, his total for 2004 would be 826 hours.

3. Nollie P. Griffin, List# 6-523, Alt. Fuel
   - 2004: 840 hours
   - 2005: 166 shifts
   - 2006: 165 shifts
   - 2007: 169 shifts

4. Jessie C. Reyes, List# 6-524
   - 2004: 204 shifts
   - 2005: 177 shifts
   - 2006: 229 shifts
   - 2007: 244 shifts
5. Mohammed Z. Khan, List# 6-878, Ramp
   - 2004: 240 shifts
   - 2005: 240 shifts
   - 2006: 234 shifts
   - 2007: 204 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.
   - Hours/Shifts Driven: 488 hours
   - Wheelchair Pick Ups: 108

6. Demian Volynsky, List# 6-890, Ramp
   - 2004: 797 hours, short 3 hours
   - 2005: 732 hours, short 68 hours
   - 2006: 1831 hours
   - 2007: 1645 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.
   - Hours/Shifts Driven: 398 hours, short 2 hours
   - Wheelchair Pick Ups: 100
   - The Paratransit Coordinating Council does not recommend approval of a ramp medallion
     permit to Demian Volynsky. See attached PCC recommendation.

7. Lien Nguyen, List# 6-933, RAMP
   - 2004: Worked at King Cab, waybills lost
   - 2005: 854 hours
   - 2006: 1288 hours
   - 2007: 1420 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.
   - Hours/Shifts Driven: 817 hours
   - Wheelchair Pick Ups: 113

8. Maria Yuhas, List# 6-993, RAMP
   - 2004: 923 hours
   - 2005: 765 hours, short 35 hours
   - 2006: 924 hours
   - 2007: 1398 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.
   - Hours/Shifts Driven: 400 hours
   - Wheelchair Pick Ups: 101
Notice Section: Item B
Consideration of the Taxi Commission to remove 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:

<table>
<thead>
<tr>
<th>Applicant Name(s)</th>
<th>List #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Marco A. Mora</td>
<td>6-514</td>
</tr>
</tbody>
</table>
MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: January 17, 2008

Re: Removal of Applicant Name from the Public Convenience Necessity Waiting List: Marco A. Mora, List# 6-514

Mr. Marco A. Mora is being considered for removal from the Public Convenience Necessity Waiting List for failure to submit appropriate applications for the medallion permit. Mr. Mora was offered an alternative fuel medallion on October 24, 2007. The Taxi Commission staff contacted Mr. Mora on several occasions and has even given him multiple extensions to turn in the medallion applications and take the medallion test. As of January 17, 2008, Mr. Mora has not contacted the Taxi Commission office or attempted to turn in any of his applications for a medallion.

- October 24, 2007: Mr. Mora was given an offer letter for the alternative fuel medallion. The deadline to respond to the offer letter was November 14, 2007. All drivers are given the same amount of time and opportunity to respond to the offer letter.
- November 9, 2007: Mr. Mora responded to the offer letter. As with all applicants, he is given 30 days to complete the entire application process. The deadline to turn in all applications and take the medallion test was December 10, 2007.
- November 26, 2007: He submitted the required waybills for verification of the driving requirement.
- December 11, 2007, he informed Taxi Commission staff that he still had not been able to get an appointment see his doctor and have the medical examination form filled out. Staff provided additional time to complete the application process.
- December 19, 2007, Mr. Mora did not contact the Taxi Commission and did not turned in the medallion applications and did not take the medallion test.
- December 21, 2007 - Final Deadline: Staff contacted Mr. Mora and gave him another extension to complete the application process.
- January 17, 2008, the Taxi Commission has not received Mr. Mora’s medallion application and he has not taken his test.
Notice Section: Item D

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

<table>
<thead>
<tr>
<th>Medallion Holder Name</th>
<th>Medallion #:</th>
<th>Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sayed Bashir Rahimi</td>
<td>1135</td>
<td>Bay Cab to DeSoto Cab</td>
</tr>
<tr>
<td>2. Ahmad Ali Mozaffari</td>
<td>1272</td>
<td>Regents Cab to Royal Cab</td>
</tr>
<tr>
<td>3. Mikhail Oykherman</td>
<td>1250</td>
<td>Bay Cab to B&amp;W Checker</td>
</tr>
<tr>
<td>4. Martin Andrew Jakob</td>
<td>479</td>
<td>Bay Cab to B&amp;W Checker</td>
</tr>
</tbody>
</table>
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
☐ CHANGE OF COLOR SCHEME - From: Bay Cab

*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) Sayed Bashir Rahimi
Residence Address (Street Address, City, State, Zip) 2487 Pleasant Hill
Joint Applicant's Name (First, Middle, Last)
Residence Address (Street Address, City, State, Zip)
Is this a Corporate permit? ☐ No ☐ Yes

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name
Business Address (Street Address, City, State, Zip)
Business Phone

Medallion Number(s)
#1135

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

No workman is the

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 14th day of JANUARY, 2008 at San Francisco, California

Sayed Bashir Rahimi

Signature of Applicant

TO BE COMPLETED BY CO-HOSTS/CO-OWNERS/COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Cindy L. Ward
Title: Gen. MGR.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Desoto Cab Taxicab Color Scheme,

hereby give consent to the applicant named to use my color scheme.

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

Cindy L. Ward
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder
1/14/08

AGENDA USE ONLY

Agenda Notice Date 1/22/08
Hearing Date 2/12/08
Decision of Taxicab Commission
Worker's Comp Submitted
Insurance Submitted
Paint Chips Submitted
Photos Submitted

Received by: Danielle
Receipt No. 641-140
Amount $291

SAN FRANCISCO TAXI COMMISSION
THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

************ DO NOT DETACH - REGISTERED OWNER INFORMATION ************
STATE COMPENSATION INSURANCE FUND
P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:
POLICY NUMBER: 1
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVENUE ROOM 420
SAN FRANCISCO CA 94102

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
AUTHORIZED REPRESENTATIVE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECEIVED
JAN 14 2008

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION
DBA: DESOTO CAB COMPANY
555 SELBY ST
SAN FRANCISCO CA 84124

PRINTED: 03-16-2007
INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE
10/12/07

MAKE/MODEL
MERCE

INSURED

BAY CAB # 1135
SPITA & AUTO FOR HIRE
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

AGENCY/COMPANY ISSUING CARD

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

INSURED

BAY CAB # 1135
SPITA & AUTO FOR HIRE
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

RECEIVED

JAN 14 2007

SAN FRANCISCO
AN DUAN

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

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

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

2. Name of insurance Company and policy number for each vehicle involved.

ACORD 50 (1/93)
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
☐ CHANGE OF COLOR SCHEME – From: REG-BEIGE CAB

*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)  MOAZAMI
Phone

Residence Address (Street Address, City, State, Zip)  13 EVANS AVE #6
BERKELEY, CA  94704

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 Name  ROYAL TAXI
Business Address (Street Address, City, State, Zip)  2131 EVANS AVE #6

Business Phone (415) 643-9500

Medallion Number(s)  1272

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

FOR BETTER RADIO & TO GO WITH A COMPANY THAT HAS WIDER COMP POLICY

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 04th day of JAN 2009 at San Francisco, California

AHMAD ALI MOAZAMI
Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:  NISHAN SWEIS
Title:  PRESIDENT

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for ROYAL TAXI 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  01/10/08

OFFICE USE ONLY

Agenda Notice Date  01/22/08
Hearing Date  02/12/08
Decision of Taxicab Commission
New Declaration Signed

Worker's Comp Submitted  02/12/08
Insurance Submitted
Paint Chips Submitted
Photos Submitted

Received by:  Receipt No.  1044145
Amount  291
Date  

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2007

CITY AND COUNTY OF SAN FRANCISCO
SAN FRANCISCO TAXICAB COMMISSION
25 VAN NESS STE 420
SAN FRANCISCO CA 94102

This is to certify that we have issued a valid Workers' Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: $1,000,000 PER OCCURRENCE.

ENDORSEMENT #100 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #100 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2000 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

C & J LEASING (A CORP.) DBA: ROYAL TAXI
2121 EVANS AVE # G
SAN FRANCISCO CA 94124

REV. 2-06

PRINTED: 08-14-2007
**ACORD CERTIFICATE OF LIABILITY INSURANCE**

PRODUCER:
Y. A. Tittle Insurance & Financial Services
1890 N. Shoreline Blvd., 2nd F
Mountain View CA 94043
Phone: 650-856-2120 Fax: 650-856-3971

INSURED:
Nishan Swes / C & J Leasing
AB Chance / Royal Taxi Company Inc.
Nishan Swes
1511 Evans Avenue, STE G
San Francisco CA 94112

INSCRIBER:
Mount Vernon Fire Ins. Co.
National Interstate

COVERAGE:
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.

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</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

MEDALLION #1190 2004 FORD VIN #1FAPF54734K319000
MEDALLION #1172 2004 TOYOTA VIN #JTEDB3ACT023800


**CERTIFICATE HOLDER:**
THE CITY AND COUNTY OF SAN FRANCISCO TAXICAB COMMISSION
21 VAN NESS AVENUE, STE. 420
SAN FRANCISCO CA 94112-6025

**CANCELLATION:**

**TAXICOM**

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURING INSURER WILL ENDORSE TO MAIL 30 DAYS NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO WILL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURE INSURED OR ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE:**

Paul Batmale

© ACORD CORPORATION 1968
INSURANCE IDENTIFICATION CARD

STATE CA

COMPANY NUMBER

POLICY NUMBER
PL37

YEAR
2003

INSURED
REGENTS CAB # 1272
SFITA & AUTOS FOR HIRE
1301 6TH ST

AGENCY/COMPANY ISSUING CARD
ABI BUSINESS INSURANCE SERVICES
32107 W. LINDERO CANYON RD #126
WESTLAKE VILLAGE, CA 91361

COMPANY
NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE
10/12/07

MAKE/MODEL
CHEV

VEHICLE IDENTIFICATION NUMBER
1G1NE52392M623007

EXPIRATION DATE
10/12/08
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<tr>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BODY TYPE MODEL</th>
<th>CYCLE</th>
<th>DATE FIRST SOLD</th>
<th>TYPE VEH.</th>
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<th>UJ/JO/INS/CON</th>
<th>TOTAL FEES PAID</th>
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<tbody>
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<td>00/00/2002</td>
<td>2004 2003</td>
<td>32X</td>
<td>G 2 C</td>
<td>03060</td>
<td>$126 0100</td>
<td></td>
</tr>
</tbody>
</table>

MOZAFFARI AHMAD ALI
BERKELEY CA 94704-1060
Please PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last): Mikhail Oykherman

Residence Address (Street Address, City, State, Zip): 989 Pennsylvania Ave. San Francisco, CA 94121

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:

Business Name: B&W Checker
Business Address (Street Address, City, State, Zip): 989 Pennsylvania Ave. S.F. CA 94121
Business Phone: 415-285-3800

Medallion Number(s): 1250

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

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

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 16 day of January, 2008 at San Francisco, California

Mikhail Oykherman - Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Bennady Epstein
Title: Manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for B&W Checker hereby give consent to the applicant named to use my color scheme.

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder:

Date: 12/20/07

OFFICE USE ONLY

Agenda Notice Date: 01/22/08
Hearing Date: 02/12/08
Decision of Taxicab Commission: REJECTED
New Declaration Signed: Photos Submitted

Worker's Comp Submitted: 01/29/08
Workers Comp Submitted: 01/29/08
Paint Chips Submitted: 01/29/08
Photos Submitted: 01/29/08

Received by: DOUG
Receipt No: 440118
Amount: $241 - JAN 06 08
8 January 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

Bay Cab #1250 is currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that this same medallion will be added to Black & White Checker Cab Company’s Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through Lincoln General Insurance Company.

Sincerely,

Dmitry Erenkov
Agent/Broker

DIE/ece

RECEIVED

JAN 18 2008
SAN FRANCISCO TAX COMMISSION
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ CHANGE OF COLOR SCHEME — From: BAY CAB
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY — COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)  Phone

Jake Martin Andrew Jakob

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

CA  94103

Joint Applicant's Name (First, Middle, Last)  Phone


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


Is this a Corporate permit? ☒ No  ☐ Yes  If yes, Name of Corporation:

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name  Business Address (Street Address, City, State, Zip)  Business Phone

BEW CHECKER  949 Pennsylvania Ave S.F., Ca 415-285-3800

Medallion Number(s)

479

Owner / Operator  Gas & Gate  Long Term Lease

☐

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

Better Management

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ☒ 16th  day of January  2008  at San Francisco, California

☐

Martin Jakob  ☒

Print Name of Applicant  Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:

KENNABY EPSHTEYN

Title:  MANAGER

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for  BEW CHECKER  Taxicab Color Scheme

hereby give consent to the applicant named to use my color scheme.

☐

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

12/20/07

Date

OFFICE USE ONLY

Agenda Notice Date

12/08

Hearing Date

2/2/08

Decision of Taxicab Commission

New Declaration Signed

Worker's Comp Submitted

Insurance Submitted

Paint Chips Submitted

Photos Submitted

10/07

Received by:  Dandle  Receipt No. 04149  Amount $291

Revised 11/04/2005
8 January 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

Bay Cab #479 is currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that this same medallion will be added to Black & White Checker Cab Company’s Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through Lincoln General Insurance Company.

Sincerely,

[Signature]

Dmitry Erenkov
Agent/Broker

DIE/ece

RECEIVED
JAN 16 2008
SAN FRANCISCO TAX COMMISSION
THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

*************** DO NOT DETACH - REGISTERED OWNER INFORMATION ***************

479

REGISTRATION CARD VALID FROM: 12/31/2007 TO: 12/31/2008

MAKE DARWIN

YEAR MODEL 2001

YEAR 1ST SOLD 0000

VLF CLASS AV

YEAR 2005

TYPE VEH 37X

TYPE LIC 31

BODY TYPE MODEL MP MD AX WC UNLADEN/G/CW

TX G NZ 2 C 03100

TYPE VEHICLE USE

COMMERCIAL

DATE ISSUED 12/27/07

CC/ALCO 38

DT FEE RECD 12/27/07

PIC 9

PR/HIST: TAXI

REGISTERED OWNER

MARTIN JAKOB A

OR BAY CAB

999 PENNSYLVANIA AVE

SAN FRANCISCO

CA 94107

AMOUNT DUE $ 90.00

AMOUNT RECD $ 90.00

CASH :

CHECK :

CRDT :

RECEIVED

JAN 16 2008

SAN FRANCISCO

DVM COMMISSION
INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 479
COMPANY: LINCOLN GENERAL INSURANCE COMPANY
EFFECTIVE DATE: 10/12/07
EXPIRATION DATE: 10/12/08

POLICY NUMBER: 479
YEAR: 2007
MAKE/MODEL: DAEWOO
VEHICLE IDENTIFICATION NUMBER:

AGENCY/COMPANY ISSUING CARD:
PUBLIC LIVERY INS SERVICES, INC
1380 EL CAJON BLVD, SUITE 212
EL CAJON, CA 92020

INSURED:
BAY CAB # 479
SFTRA & AUTOS FOR HIRE
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED
JAN 18 2008
SAN FRANCISCO
CAB COMMISSION