

Consent: Item D

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Bon Nom Huey	1175	Regents to Fog City
2. Douglas Wong	180	DeSoto to Luxor
3. Antone Nguyen*	396	Delta to Vina Cab
4. Farouk Khodor*	839	Delta to Vina Cab
5. Lam Nuong*	929	Delta to Vina Cab
6. Dennis Wong*	751	Delta to Vina Cab
7. Michael Chang*	982	Delta to Vina Cab
8. Ray Yaghmour*	547	Delta to Bay
9. John Vo*	275	Delta to Bay
10. Donald Holvoet*	299	Delta to Bay
11. Wing Tse*	1128	Delta to Bay
12. Richard Lee*	1017	Delta to Bay
13. Amin Jamally*	1235	Delta to Bay
14. Kin Ching*	1009	Delta to Bay
15. Daryoush Amirehsani*	378	Delta to Bay

**\* Commission would be required to waive Notice rule**

## San Francisco Taxicab Commission

**\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.**


Applicant's Name (First, Middle, Last)		Phone
Bon Nom Huef		( )
Residence Address (Street Address, City, State, Zip)		
11111 11111 11111 11111		
Joint Applicant's Name (First, Middle, Last)		Phone
		( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

Business Name Fog city CAB		Business Address (Street Address, City, State, Zip) 979 Bryant St S.F CA 94103	
Business Phone ( ) 415 282-8749		Medallion Number(s) 1175	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

I like to be with fog city CAB. They are closely located.

\_\_\_\_\_  
 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: <u>Greg Poon</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City CAB</u> hereby give consent to the applicant named to use my color scheme. <small>Taxicab Color Scheme</small>	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u></u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>1/10/09</u> Date

OFFICE USE ONLY			
Agenda Notice Date 1.27.09	Hearing Date 2.10.09	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted Y	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: T.P.	Receipt No. 834445	Amount \$440.00	Date 1.14.09

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Fog city CAB has Better Service
2. How have you been operating your medallion at your current color scheme? Circle one:  
☒ a. Gas and Gates  
☐ b. Color Scheme Only  
☐ c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
☒ a. Gas and Gates  
☐ b. Color Scheme Only  
☐ c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? \_\_\_\_\_

Mornings MON - Friday

I, Bon Nom Huey, acknowledge that in making this color scheme transfer to Fog city CAB, I will operate my medallion # 1175 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. BNH
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). BNH
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. BNH
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. BNH
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. BNH
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. BNH
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. BNH

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1175 in full compliance with the above stipulations.

Signature: \_\_\_\_\_

Date: 1-10-09

Department Witness: T.O.

Date: \_\_\_\_\_

**Fog City Cab, Inc.**  
**Tel: 415.282.8749 Fax: 415.863.1139**

Jan 10, 2009

Re: Purchase a new vehicle

Dear Taxi Commissioner:

This letter is to notify you that Regent Cab #1175 will move to Fog City Cab, Inc. In additions, if it is approved by the Taxi Commission, Fog City Cab, Inc. will purchase a Hybrid vehicle or Toyota Camry within two weeks. If you have any concern regarding this matter, please feel free to contact Fog City Cab, Inc. at [fog318@yahoo.com](mailto:fog318@yahoo.com).

Sincerely;

Sonny Tam  
Operation Manager of Fog City Cab, Inc.

REF: AD  
JAN 10 2009



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste. 100

San Francisco CA 94118

Tel (415) 752-4442

Fax (415) 752-4054

12 January 2009

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that, upon transfer approval from the Taxicab Commission, Bon Nom Huey, permit holder of Medallion #1175, will be joining Fog City Cab Company. This is to further confirm that upon transfer approval, Medallion #1175 can be added to Fog City Cab Company's insurance policies. Coverage is provided by our Agency through C N A Insurance Company for Auto Liability and through ARCH Insurance Company for Workers Compensation.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED  
JAN 14 2009

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: Desoto To: Luxor

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Douglas T. Wray</u>		Phone ____
Residence Address (Street Address, City, State, Zip) ____		
Joint Applicant's Name (First, Middle, Last) ____		Phone ( )
Residence Address (Street Address, City, State, Zip) ____		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>Luxor</u>		Business Address (Street Address, City, State, Zip) <u>2238 Serrano Ave. SF CA 94124</u>	
Business Phone <u>(415) 282-4141</u>		Medallion Number(s) <u>180</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Personal reasons  
Luxor has computer dispatch

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

Executed this 13<sup>th</sup> day of Jan, 20 08 at San Francisco, California

Print Name of Applicant

Douglas T. Wray

Signature of Applicant

Douglas T. Wray

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>John Lazar</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Luxor Cab</u> 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 <u>[Signature]</u>	Date <u>1-11-09</u>

*****OFFICE USE ONLY*****			
Agenda/Notice Date <u>01/27/09</u>	Hearing Date <u>02/10/09</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No. <u>024458</u>	Amount <u>\$416 -</u>	Date <u>JAN 27 2009</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Personal reasons.  
Luxor has computer dispatch.
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
b. Color Scheme Only  
☒ c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
b. Color Scheme Only  
☒ c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☒ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?  
swing shifts - hour 2pm-12:00am
- I, Douglas D. Wong, acknowledge that in making this color scheme transfer to  
Luxor, I will operate my medallion # 180 in compliance with the following stipulations:
1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. DW
  2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). DW
  3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. DW
  4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. DW
  5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. DW
  6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. DW
  7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. DW

I have read and understood all of the above. I declare that I will operate my taxicab permit number 180 in full compliance with the above stipulations.

Signature: Douglas D. Wong

Date: 1/21/08

Department Witness: [Signature]

Date: 1/21/08

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
05/02/08

## PRODUCER

UnionBanc Insurance Svcs, Inc.  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

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 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

## INSURED

Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

INSURER A: Delos Insurance Company

35408

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b>				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		05/01/08	05/01/09	X WC STATU-TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$1,000,000
		OTHER				E.L. DISEASE - EA EMPLOYEE \$1,000,000
						E.L. DISEASE - POLICY LIMIT \$1,000,000

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

RECEIVED

JAN 31 2009

SAN FRANCISCO

## CERTIFICATE HOLDER

San Francisco International  
Airport  
Ground Transportation Permit  
Processing Unit P.O. Box 8097  
San Francisco, CA 94128

## CANCELLATION Ten Day Notice for Non-Payment of Premium

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

AUTHORIZED REPRESENTATIVE

Masoud Shahrin

DARAM

© ACORD CORPORATION 1988



1/21/08

to monitoring concerns.

Medellian 182 is out of service until the final transfer  
to Lidor is completed. Vehicle is currently not insured.

Deborah D. V.

~~the vehicle~~ out of service since 12/2008 (D.V.)


RECEIVED

JAN 21 2009

SAN FRANCISCO  
TAXI COMMISSION

# CERTIFICATE OF SELF-INSURANCE

This is to certify that Luxor Cabs, Inc. located at 2230 Jerrold Avenue, San Francisco, California 94124 has been approved as a Self Insurer under the California Compulsory Financial Responsibility law and assigned Self-Insurance # 203 pursuant to Section 16053 of the California Vehicle Code (CVC).

  
EDWIN IMURA, Manager  
Financial Responsibility Unit  
Department of Motor Vehicles



RECEIVED

JAN 21 2009

SAN FRANCISCO  
TAXI COMMISSION

EXPIRATION: February 6, 2009

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: 08/31/2008 TO: 08/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2004	0000	BT	2007	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	G	PW	2	C			
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	09/04/08		38	09/04/08	8		
PR/HIST: TAXI			PR EXP DATE: 08/31/2008				
REGISTERED OWNER						AMOUNT PAID	
DESOTO						\$ 159.00	
555 SELBY							
				AMOUNT DUE	AMOUNT RECVD		
				\$ 159.00	CASH :		
					CHCK :		
					CRDT :		
SAN FRANCISCO							
CA	94124						

LIENHOLDER  
DOUGLAS T WONG

SAN FRANCISCO  
CA

RECEIVED

JAN 31 2009

SAN FRANCISCO  
TAXI COMMISSION

**TAXICAB COLOR SCHEME CHANGE APPLICATION**  
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: Delta company To: Vina cab company

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

**PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <b>ANTONE N. NGUYEN</b>		Phone <b>(415)</b>
Residence Address (Street Address, City, State, Zip) <b>San Francisco CA 94118</b>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <b>VINA CAB</b>	Business Address (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE S.F CA 94107</b>		
Business Phone <b>(415) 305-6913</b>	Medallion Number(s) <b>396</b>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Delta color scheme owner died. I would like to change  
color scheme to Vina cab company

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 2 day of 2, 2009 at San Francisco, California

Print Name of Applicant ANTONE NGUYEN

Signature of Applicant *Antone Nguyen*

<b>***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****</b>	
Name of person authorized to sign for Color Scheme Holder: <u>TAM NGUYEN</u>	Title: <u>OWNER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VINACABCO</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u><i>[Signature]</i></u>	Date <u>02-02-09</u>

<b>***** OFFICE USE ONLY *****</b>				<b>RECEIVED</b> FEB 03 2009
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	<b>SAN FRANCISCO TAXI COMMISSION</b>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? delta color scheme owner died.  
I would like change to vina cab company
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?

I driver a day shift. Five shift a week

I, Antone Nguyen, acknowledge that in making this color scheme transfer to VINACABCO, I will operate my medallion # 396 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. A-N
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). A-N
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. A-N
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. A-N
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. A-N
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. A-N
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. A-N

I have read and understood all of the above. I declare that I will operate my taxicab permit number 396 in full compliance with the above stipulations.

Signature: Antone Nguyen

Date: 2/2/09

Department Witness: \_\_\_\_\_

Date: \_\_\_\_\_



*Farmers Insurance Group of Companies*

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

2 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #396 will be added to Vina Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 03 2009

SAN FRANCISCO  
TAXI COMMISSION

TYPE 1 LICENSE NUMBER  
31  
SALVAGED

VEHICLE IDENTIFICATION NUMBER

2

✕

DATE ISSUED

0007/07/69

5

DATE FIRST SOLD

EXP

**BOOK**

**MAKLE**

Mr. Mendenhall

Yr. Model

TYPE VEH

MP	AX
----	----

---

MC

UNLADEN/GICGV

—

Total

Anders

600

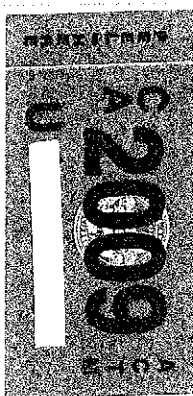
NGUYEN ANTOINE NGHTA HUANG  
D

SAN FRANCISCO CA 94118-3628

MOG 25  
ROD 44  
L 0038



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



**TO REMOVE THE STICKER  
FROM THE BACKING,  
BEND STICKER AT SLIT AND PEEI SLOWLY**

**INSTRUCTIONS FOR  
APPLYING STICKER TO LICENSE PLATE**

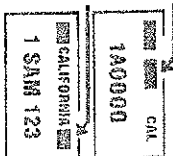
1. CLEAN SURFACE THOROUGHLY. SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE. AS SHOWN BELOW:

**MOTORCYCLES:**

## Right Half of This Week

**ALL OTHERS:**

**In Top Right Corner**



**EXCEPT:** Truck Tractors And Commercial Vehicles With A Declared Gross Vehicle Weight of 10,001 lbs. or More—Must Apply Sticker To Front Plate

RECEIVED

FEB 03 2003

SAN FRANCISCO  
TAXI COMMISSION

# TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: DELTACABCO To: VINACABCO

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>FAROUK KHODOR</u>		Phone ( ) - - -
Residence Address (Street Address, City, State, Zip) <u>14001 AVE ST 200</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( ) - - -
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>VINACABCO</u>		Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F CA 94107</u>	
Business Phone <u>(415) 305-6913</u>		Medallion Number(s) <u>839</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

The deltax cab color scheme holder had passed away. I would like to change it to the vinacab color scheme. It has a great black and white checker dispatch service and a better organization

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 02 day of 02, 2009 at San Francisco, California

FAROUK KHODOR  
Print Name of Applicant

Farouk Khodor  
Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>TAM NGUYEN</u>	Title: <u>OWNER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VINACABCO</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>02-02-09</u>

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date <u>02-02-09</u> TAXI COMMISSION



## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? to the great dispatch and better organization.
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
**b. Color Scheme Only**  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
**b. Color Scheme Only**  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? \_\_\_\_\_

I'll driving at Nightshift. Monday to Friday.

I, FAROUK KHODOR, acknowledge that in making this color scheme transfer to VINACABCO, I will operate my medallion # 839 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. F.K.
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). F.K.
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. F.K.
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. F.K.
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. F.K.
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. F.K.
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. F.K.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 839 in full compliance with the above stipulations.

Signature: FaruK Khodor

Date: 02-02-09

Department Witness: \_\_\_\_\_

Date: \_\_\_\_\_



*Farmers Insurance Group of Companies*

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

2 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #839 will be added to Vina Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 03 2009

SAN FRANCISCO  
TAXI COMMISSION

OML 05/31/2008 TO 05/31/2009 31 TAXI

VEHICLE REGISTRATION INFORMATION

BODY TYPE MODEL  
TX

DATE ISSUED  
05/15/2008

CYLS. DATE FIRST SOLD  
00/00/2004

CLASS  
AD

MAKE  
FORD

YR. Model  
2006 2004

TYPE VEH. MP AX WC UNLADEN WEIGHT  
32X 6 2 C 03980

TOTAL FEES PAID  
\$90 3800

REGISTERED  
OWNER

DELTA CAB  
PO BOX 425866  
SAN FRANCISCO CA 94142-5866

#839

RECEIVED  
FEB 03 2009

LIENHOLDER

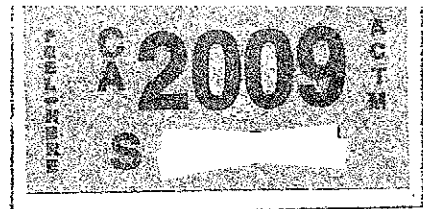
TAM NGUYEN

SAN FRANCISCO



W0024  
R0041  
L0003

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



TO REMOVE THE STICKER  
FROM THE BACKING,  
BEND STICKER AT SLIT AND PEEL SLOWLY.

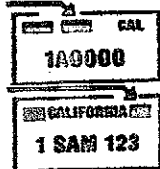
INSTRUCTIONS FOR  
APPLYING STICKER TO LICENSE PLATE

1. CLEAN SURFACE THOROUGHLY. SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE AS SHOWN BELOW:

MOTORCYCLES:  
Right Half of This Wall

ALL OTHERS:  
In Top Right Corner

EXCEPT:  
Truck Tractors And Commercial Vehicles With  
A Declared Gross Vehicle Weight of 10,001 lbs.  
or More—Must Apply Sticker To Front Plate



### INSURANCE IDENTIFICATION CARD CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

CNA INSURANCE COMPANY

YEAR  
2004

EFFECTIVE DATE  
10/12/08

EXPIRATION DATE  
10/12/09

AGENCY/COMPANY ISSUING CARD

MAKE/MODEL  
FORD

VEHICLE IDENTIFICATION NUMBER

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

IN CASE OF ACCIDENT: Report al  
To your Agent/Company as soon as poss  
Obtain the following information:

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

2. Name of Insurance Company and po  
number for each vehicle involved

INSURED  
DELTA CAB # 839  
SFITA  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: DELTACAB CO To: VINACAB CO

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>NUONG LAM</u>		Phone <u>415 305 6913</u>
Residence Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94107</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>VINACAB CO</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94107</u>	
Business Phone <u>(415) 305-6913</u>	Medallion Number(s) <u>929</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

The DeltaCab Color Scheme Holder passed away. I would like to change to VINACAB CO. It has great B/W checker dispatch service and better organization.

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 02 day of 02, 2009 at San Francisco, California

Print Name of Applicant

LAM NUONG

Signature of Applicant

Tam Nguyen

## TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>TAM NGUYEN</u>	Title: <u>OWNER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VINACAB CO</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>02-02-09</u>

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date <u>FEB 03 2009</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Go to the great dispatch service and better organization -

2. How have you been operating your medallion at your current color scheme? Circle one:

- a. Gas and Gates
- ☒ b. Color Scheme Only
- c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:

- a. Gas and Gates
- ☒ b. Color Scheme Only
- c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?

☐ Yes ☒ No

If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?

I will driving day shift. Monday to Saturday.

I, LAM NUONG, acknowledge that in making this color scheme transfer to

VINACABCO, I will operate my medallion # 929 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. LN
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). LN
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. LN
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. LN
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. LN
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. LN
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. LN

I have read and understood all of the above. I declare that I will operate my taxicab permit number 929 in full compliance with the above stipulations.

Signature: Lam Nuong

Date: 02-02-09

Department Witness: \_\_\_\_\_

Date: \_\_\_\_\_



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

2 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #929 will be added to Vina Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 03 2009

SAN FRANCISCO  
TAXI COMMISSION

REGISTRATION VALID FROM  
**03/31/2008 TO 03/31/2009**  
 TYPE **31 TAXI** LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER

DATE FIRST SOLD **00/00/2005** CLASS **FORD** Yr. Model  
 TX DATE ISSUED **02/28/2008** TYPE VEH. **32X** MP **6** AX **2** NC **D** UNLADEN WT **04020** TOTAL FEES PAID **3800**

**DELTA CAB CO**  
**PO BOX 425866**  
**SAN FRANCISCO CA 94142-5866**

**TIM DINH NGUYEN**

**SAN FRANCISCO**

**94142**

**W0080**  
**R0041**  
**L0054**

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

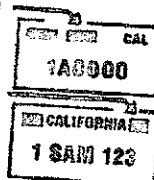
TO REMOVE THE STICKER  
 FROM THE BACKING,  
 BEND STICKER AT SLIT AND PEEL SLOWLY.

INSTRUCTIONS FOR  
 APPLYING STICKER TO LICENSE PLATE

1. CLEAN SURFACE THOROUGHLY, SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE AS SHOWN BELOW:

MOTORCYCLES:  
 Right Half of This Well

ALL OTHERS:  
 In Top Right Corner



EXCEPT:  
 Truck Tractors And Commercial Vehicles With  
 A Declared Gross Vehicle Weight of 10,001 lbs.  
 or More—Must Apply Sticker To Front Plate

SAN FRANCISCO  
 TAXI COMMISSION

# **INSURANCE IDENTIFICATION CARD** **CALIFORNIA**

COMPANY NUMBER **CNA INSURANCE COMPANY**  
 POLICY NUMBER **10/12/08**  
 YEAR **2005**  
 AGENCY/COMPANY ISSUING CARD **ABI BUSINESS INSURANCE SERVICES**  
**32107 W. LINDERO CANYON RD #126**  
**WESTLAKE VILLAGE, CA 91361**

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

IN CASE OF ACCIDENT: Report  
 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 number for each vehicle involved.

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB CO To: VINACAB CO

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>DENNIS T. WONG</u>		Phone ( <u>510</u> )
Residence Address (Street Address, City, State, Zip)		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>VINACAB</u>		Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94107</u>	
Business Phone <u>(415) 305-6913</u>		Medallion Number(s) <u>751</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

THE DELTACAB COLOR SCHEME HOLDER PASSED AWAY .  
I WOULD LIKE TO CHANGE TO VINACAB CO .

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 03 day of FEBRUARY, 2009 at San Francisco, California

DENNIS T. WONG  
 Print Name of Applicant

[Signature]  
 Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>TAM NGUYEN</u>	Title: <u>OWNER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VINACAB</u> 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.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>02-4-09</u> Date

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daniel</u>	Receipt No. <u>---</u>	Amount <u>waived</u>	Date <u>FEB 04 2009</u>



## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? TO THE GREAT DISPATCH AND BETTER ORGANIZATION
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? NIGHT SHIFT, MONDAY TO FRIDAY

I, DENNIS WONG, acknowledge that in making this color scheme transfer to VINACAB CO, I will operate my medallion # 751 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. DW
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). DW
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. DW
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. DW
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. DW
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. DW
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. DW

I have read and understood all of the above. I declare that I will operate my taxicab permit number 751 in full compliance with the above stipulations.

Signature: [Signature]

Date: 2/3/2009

Department Witness: [Signature]

Date: 2/4/09

# INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

CNA INSURANCE COMPANY

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

2004

FORD

AB1 BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 751

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

## INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

CNA INSURANCE COMPANY

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

2004

FORD

AGENCY/COMPANY ISSUING CARD

AB1 BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 751

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

number for each vehicle involved.

ACORD 50 (1/83)

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.

number for each vehicle involved.

ACORD 50 (1/83)

SAN FRANCISCO  
TAXI COMMISSION

FEB 04 2009

RECEIVED

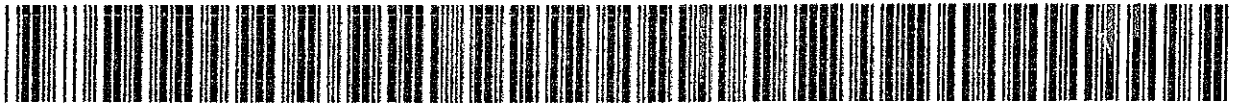
# 751

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: 11/30/2008 TO: 11/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2004	2003	CL	2006	32X	31	
BODY TYPE MODEL	MP	NO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PZ	2	D	04060		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED	
COMMERCIAL	12/09/08	38	11/21/08	8			
	PR/HIST: TAXI					PR EXP DATE: 11/30/2008	
REGISTERED OWNER						AMOUNT PAID	
DELTA CAB						\$ 209.00	
			AMOUNT DUE	AMOUNT RECVD			
			\$ 209.00	CASH :			
				CHCK :			
SAN FRANCISCO				CRDT :	209.00		
CA	94112						
LIENHOLDER							
WONG DENNIS T							
SAN FRANCISCO							
CA	94123						

RECEIVED

EXP 04 2009

H01 624 08 0020900 0042 CS H01 120908 31 8P62968 507



*Farmers Insurance Group of Companies*

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #751 will be added to Vina Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

**TAXICAB COLOR SCHEME CHANGE APPLICATION**  
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB CO To: VINACAB CO

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

**PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <b>MICHAEL CHANG</b>		Phone <b>(415) 305-6913</b>
Residence Address (Street Address, City, State, Zip) <b>S.F. CA 94133</b>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <b>VINACAB CO</b>	Business Address (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE S.F. CA 94107</b>		
Business Phone <b>(415) 305-6913</b>	Medallion Number(s) <b>982</b>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

The Deltacab color scheme holder had passed away. I would like to change it to the Vinacab co. color scheme. It has a Great black and white checker dispatch service and a better organization.

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 02 day of 02, 2009 at San Francisco, California

MICHAEL CHANG Michael Chang  
Print Name of Applicant Signature of Applicant

<b>***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****</b>	
Name of person authorized to sign for Color Scheme Holder: <b>TAM NGUYEN</b>	Title: <b>OWNER</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VINACAB CO</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder 	Date <b>02-02-09</b>

<b>***** OFFICE USE ONLY *****</b>			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <b>RECEIVED</b>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danell</u>	Receipt No. _____	Amount: <u>waived</u>	Date <b>FEB 04 2009</b>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? to the great Dispatch and better organization
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☒ Yes ☐ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I will Driving at Nightshift Monday to Friday

I, MICHAEL CHANG, acknowledge that in making this color scheme transfer to VINACAB CO, I will operate my medallion # 982 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. M.C
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). M.C
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. M.C
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. M.C
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. M.C
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. M.C
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. MC

I have read and understood all of the above. I declare that I will operate my taxicab permit number 982 in full compliance with the above stipulations.

Signature: Michael Chang

Date: Jan - 29 - 2009

Department Witness: Dan

Date: 2/4/09

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

MAKE/MODEL

MERC

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDEMO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 982  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

1. Name and address of each driver,  
passenger and witness.
2. Name of Insurance Company and policy  
number for each vehicle involved.

ACORD 50 (1/83)

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAX COMMISSION



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

2 February 2009

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that medallion #982 will be added to Vina Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A handwritten signature in black ink, appearing to be "Dmitry Erenkov".

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION



## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB To: BAY CAB

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>RAY RIZCALLAH YAGHMOUR</u>		Phone ( ) - - - -
Residence Address (Street Address, City, State, Zip) <u>ST. DALY CITY, CA 94014</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>		Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. SF 94107</u>	
Business Phone <u>(415) 206-1908</u>		Medallion Number(s) <u>547</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

COMPANY OWNER. PAST AWAY

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 JAN 28 day of JANUARY, 2009, at San Francisco, CaliforniaRAY YAGHMOUR

Print Name of Applicant

Signature of Applicant Ray Yaghmour

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> 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 <u>Roger Cardenas</u>	Date <u>2-2-09</u>

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danella</u>	Receipt No. <u>                    </u>	Amount <u>waived</u>	Date <u>                    </u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? COMPANY OWNER PAST AWAY

2. How have you been operating your medallion at your current color scheme? Circle one:

- a. Gas and Gates
- b. Color Scheme Only
- ☒ c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:

- a. Gas and Gates
- b. Color Scheme Only
- ☒ c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?

☐ Yes ☒ No

If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?

TEN HOURS SHIFT

I, RAY YAGHMOUR, acknowledge that in making this color scheme transfer to

BAY CAB, I will operate my medallion # 547 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. YES
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). YES
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. YES
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. YES
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. YES
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. YES
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. YES

I have read and understood all of the above. I declare that I will operate my taxicab permit number 547 in full compliance with the above stipulations.

Signature: Ray Yagmour

Date: JAN, 28, 09

Department Witness: [Signature]

Date: 2/4/09

# INSURANCE IDENTIFICATION CARD CALIFORNIA

COMPANY NUMBER  
POLICY NUMBER  
YEAR  
2008

COMPANY  
CNA INSURANCE COMPANY  
EFFECTIVE DATE  
10/12/08  
MAKE/MODEL  
HONDA

EXPIRATION DATE  
10/12/09  
VEHICLE IDENTIFICATION NUMBER  
1HGBH555000000000000

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

## AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

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

INSURED  
DELTA CAB # 547  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

RECEIVED

FEB 04 2009

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

SAN FRANCISCO  
TAXI COMMISSION



REGISTRATION CARD VALID FROM: 05/12/2008 TO: 05/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VEH CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
HOND	2008	2008	HA	31X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/GW	VEHICLE ID NUMBER
TX	N	PS	2	B	02904	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	05/15/08	41	05/15/08	4		
PR/HIST:	TAXI					

REGISTERED OWNER  
YAGHMOUR RAY

AMOUNT PAID  
\$ 247.00

AMOUNT DUE  
\$ 247.00

AMOUNT RECVD  
CASH :  
CHCK :  
CRDT :

DALY CITY  
CA 94014

LIENHOLDER  
AMERCN HONDA FIN CORP  
PO BX 997521

SACRAMENTO  
CA 95899

A00 624 03 0024700 0003 CM A00 051508 31 8M58699 579



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #547 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A large, stylized handwritten signature in black ink, likely belonging to Dmitry Erenkov.

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB To: BAY CAB

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>JOHN VO</u>		Phone <u>415 206-1908</u>
Residence Address (Street Address, City, State, Zip) <u>21 SF CA 94134</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE. SF CA. 94107</u>	
Business Phone <u>415 206-1908</u>	Medallion Number(s) <u>275</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Delta Cab Owner Passed Away

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 02 day of FEB., 2009 at San Francisco, CaliforniaPrint Name of Applicant JOHN VOSignature of Applicant John Vo

## \*\*\*\*\* TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY \*\*\*\*\*

Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>		Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u>		Taxicab Color Scheme
hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Roger Cardenas</u>		Date <u>2-2-09</u>

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>FEB 04 2009</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No. <u>      </u>	Amount <u>waived</u>	Date: <u>SAN FRANCISCO TAXI COMMISSION</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Delta Cab Owner Passed Away
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 HRS. Shift

(i) JOHN W., acknowledge that in making this color scheme transfer to BAY CAB, I will operate my medallion # 275 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. IV
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). IV
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. IV
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. IV
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. IV
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. IV
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. IV

I have read and understood all of the above. I declare that I will operate my taxicab permit number 275 in full compliance with the above stipulations.

Signature: John W.

Date: 02/02/09

Department Witness: Dawn

Date: 2/4/09

Bag CAB #

275

# INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

CNA INSURANCE COMPANY

YEAR

EFFECTIVE DATE

2004

10/12/08

MAKE/MODEL

FORD

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

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

## AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

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

## INSURED

DELTA CAB # 275  
1340 25TH ST  
SAN FRANCISCO, CA 94107

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

2. Name of Insurance Company at

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

ACORD 50 (1/83)

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

A Public Source Agency

REGISTRATION CARD VALID FROM: 08/31/2008 TO: 08/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2004	0000	BH	2006	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	QM	2	C	03980		1
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC			
COMMERCIAL	01/23/09	38	01/23/09	3			
	PR/HIST: SALVAGED						

REGISTERED OWNER  
VO JOHN

PR EXP DATE: 08/31/2009

AMOUNT PAID  
\$ 15.00

AMOUNT DUE

\$ 15.00

AMOUNT RECVD

CASH : 15.00

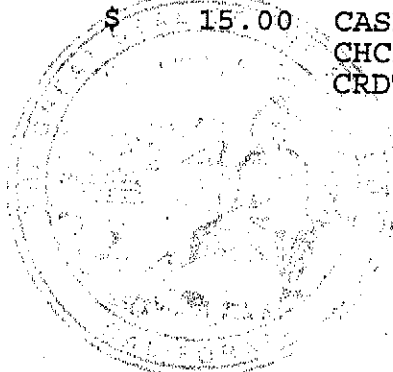
CHCK :

CRDT :

SAN FRANCISCO  
CA

94143

LIENHOLDER



F00 503 25 0001500 0005 CS F00 012309 31 8B20327 171



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #275 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ecc

RECEIVED

FEB 9 4 27 PM

SAN FRANCISCO  
TAXI COMMISSION



San Francisco Taxicab Commission

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

Applicant's Name (First, Middle, Last)		Phone
DONALD JAMES HOLVOET		( )
Residence Address (Street Address, City, State, Zip)		
1 - - - - - CT SANTA ROSA CA 95404		
Joint Applicant's Name (First, Middle, Last)		Phone
		( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 TAXI CAB		Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AV.	
Business Phone (415) 206-1908		Medallion Number(s) 299	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

BECAUSE OWNER OF DELTA CAB PASSED AWAY

Signature of Applicant Ronald James Hoover

<p align="center"><b>TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY</b></p>	
<p>Name of person authorized to sign for Color Scheme Holder:</p> <p><u>ROGER CARDENAS</u></p>	<p>Title:</p> <p><u>MGR.</u></p>
<p>I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAG WTB</u></p> <p>hereby give consent to the applicant named to use my color scheme. <span style="float: right;">Taxicab Color Scheme</span></p>	
<p>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>	
<p><u>[Signature]</u></p> <p>Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder</p>	<p><u>2-2-09</u></p> <p>Date</p>

***** OFFICE USE ONLY *****				RECEIVED
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: Danielle	Receipt No. —	Amount: waived	Date: SEP 04 2003 SAN FRANCISCO	

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? DELTA OWNER  
passed away
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 HR Shifts

1. DANALD JAMES HOKO acknowledge that in making this color scheme transfer to BQY CAFE, I will operate my medallion # 299 in compliance with the following stipulations:

- The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. NJR
- All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). NJR
- The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. NJR
- I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. NJR
- The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. NJR
- If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. NJR
- I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. NJR

I have read and understood all of the above. I declare that I will operate my taxicab permit number 299 in full compliance with the above stipulations.

Signature: Danald James Hoko

Date: 1/29/09

Department Witness: [Signature]

Date: 2/4/09

DELTA CAB # 299

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

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

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

IN ISSUE

10/12/08

10/12/09

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2007

TOYOTA

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 299  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

IN CASE OF ACCIDENT: Repo  
To your Agent/Company as soon as  
Obtain the following information

1.Name and address of each dr  
passenger and witness.

2.Name of Insurance Company a  
number for each vehicle inv

ACORD 50 (1/83)

1. NAME AND ADDRESS OF EACH DRIVER AND PASSENGER AT TIME OF ACCIDENT  
2. NAME AND ADDRESS OF INSURANCE COMPANY AND POLICY NUMBER FOR EACH VEHICLE INVOLVED  
3. NAME AND ADDRESS OF REPAIR SHOP AND ESTIMATE OF DAMAGE  
4. NAME AND ADDRESS OF WITNESSES  
5. NAME AND ADDRESS OF POLICE OFFICER AND REPORT NUMBER  
6. NAME AND ADDRESS OF TOWING COMPANY AND REPORT NUMBER  
7. NAME AND ADDRESS OF RENTAL CAR COMPANY AND REPORT NUMBER  
8. NAME AND ADDRESS OF STORAGE YARD AND REPORT NUMBER  
9. NAME AND ADDRESS OF LIENHOLDER AND REPORT NUMBER  
10. NAME AND ADDRESS OF OTHER PARTY INVOLVED AND REPORT NUMBER

REGISTRATION CARD VALID FROM: 04/30/2008 TO: 04/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYT	2007	2007	DF	2008	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	Q	PT	2	B	02900		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX	STICKER ISSUED
COMMERCIAL		06/11/08	38	06/11/08	3	1190	
		PR/HIST: TAXI					PR EXP DATE: 04/28/2008
REGISTERED OWNER							AMOUNT PAID
DELTA CAB							\$ 1505.00
1340 25TH ST							
1545 RIVERA ST							
				AMOUNT DUE	AMOUNT RECVD		
				\$ 1505.00	CASH :		
					CHCK :		
					CRDT : 1505.00		
SAN FRANCISCO							
CA	94116						

LIENHOLDER



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that medallion #299 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A large, stylized handwritten signature in black ink, likely belonging to Dmitry Erenkov.

Dmitry Erenkov  
Agent/Broker

DIE/ece

**RECEIVED**

FEB 9 4 2009

SAN FRANCISCO  
TAXI COMMISSION

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB To: BAY CAB

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>WING SEEK TSE</u>		Phone <u>(415) 777-7777</u>
Residence Address (Street Address, City, State, Zip) <u>SAN FRANCISCO CA 94122</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. SF 94107</u>	
Business Phone <u>(415) 206-1908</u>	Medallion Number(s) <u>1128</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

COMPANY OWNER PASSED AWAY.

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 30 day of January, 2009 at San Francisco, CaliforniaWING SEEK TSE

Print Name of Applicant

X Wing Seek Tse  
 Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> 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 <u>Roger Cardenas</u>	Date <u>1-30-2-009</u>

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>FEB 04 2009</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danell</u>	Receipt No. <u>      </u>	Amount <u>waived</u>	Date <u>SAN FRANCISCO TAXICAB COMMISSION</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? DELTA CAB COMPANY OWNER  
PASSED AWAY
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☒ Yes ☐ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 hours per shift -

I, WING SEEK TSE, acknowledge that in making this color scheme transfer to  
RAY CAB, I will operate my medallion # 1128 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. W
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). W
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. W
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. W
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. W
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. W
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. W

**I have read and understood all of the above. I declare that I will operate my taxicab permit number 1128 in full compliance with the above stipulations.**

Signature: Wing Seek Tse

Date: 01/30/09

Department Witness: [Signature]

Date: 02/04/09

CAB # 1128

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

POLICY NUMBER

YEAR  
2005

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

MAKE/MODEL

MERC

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

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

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

RECEIVED

FEB 04 2009

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

INSURED

DELTA CAB # 1128  
1340 25TH ST  
SAN FRANCISCO, CA 94107

SAN FRANCISCO  
TAXI COMMISSION

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

2. Name of Insurance Company and policy

REGISTRATION CARD VALID FROM: 08/31/2008 TO: 08/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2005	0000	BK	2007	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	G	QN	2	C	03920		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC			
COMMERCIAL	02/03/09	38	02/03/09	3			
PR/HIST: SALVAGED				PR EXP DATE: 08/31/2009			

REGISTERED OWNER

BAY CAB  
999 PENNSYLVANIA AVE

AMOUNT PAID  
\$ 15.00

SAN FRANCISCO  
CA 94107

LIENHOLDER

AMOUNT DUE

\$ 15.00

AMOUNT RECVD

CASH :  
CHCK :  
CRDT :



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #1128 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A large, stylized handwritten signature in black ink, likely belonging to Dmitry Erenkov.

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 9 1 2009

SAN FRANCISCO  
TAXI COMMISSION



## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: DELTA CAB To: BAY CAB

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>RICHARD LEE</u>		Phone .....
Residence Address (Street Address, City, State, Zip) <u>DAILY CITY Ca 94015</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>		Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. SF 94107</u>	
Business Phone <u>415-206-1908</u>		Medallion Number(s) <u>1017</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

DELTA CAB Owner PASSEAWED AWAY

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 30 day of JAN., 2009 at San Francisco, CaliforniaPrint-Name of Applicant  
RICHARD LEESignature of Applicant  
Richard Lee

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> 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 <u>Roger Cardenas</u>	Date <u>1-30-09</u>

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danelle</u>	Receipt No. _____	Amount <u>Waived</u>	Date <u>Feb 11 2009</u>

RECEIVED  
FEB 11 2009  
SAN FRANCISCO  
TAXI COMMISSION

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Owen Passed Away
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☐ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 HRS. Shifts

I, RICHARD LEE, acknowledge that in making this color scheme transfer to DAY CAB, I will operate my medallion # 1017 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. RL
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). RL
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. RL
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. RL
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. RL
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. RL
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. RL

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1017 in full compliance with the above stipulations.

Signature: Richard Lee

Date: 1-30-09

Department Witness: Dawn

Date: 2/4/09

4 1017 RECEIVED  
FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

INSURANCE IDENTIFICATION CARD  
CALIFORNIA

COMPANY NUMBER  
POLICY NUMBER  
IN ISSUE  
YEAR  
2003

COMPANY  
CNA INSURANCE COMPANY  
EFFECTIVE DATE  
10/12/08  
MAKE/MODEL  
FORD

EXPIRATION DATE  
10/12/09  
VEHICLE IDENTIFICATION NUMBER

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

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

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

INSURED

DELTA CAB # 1017  
1340 25<sup>TH</sup> ST  
SAN FRANCISCO, CA 94107

1. Name and address of each  
passenger and witness.

2. Name of Insurance Company and policy

REGISTRATION CARD VALID FROM: 07/31/2008 TO: 07/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2003	2003	CB	2005	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PU	2	C	04000		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		07/08/08	41	07/08/08	9		
		PR/HIST: TAXI					

PR EXP DATE: 07/31/2008

REGISTERED OWNER  
LEE RICHARD  
10 N MAYFAIR AVE

AMOUNT PAID  
\$ 142.00

AMOUNT DUE \$ 142.00  
CASH :  
CHCK :  
CRDT : 142.00

DALY CITY  
CA 94015

LIENHOLDER



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that medallion #1017 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A large, stylized handwritten signature in black ink, likely belonging to Dmitry Erenkov.

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB To: BAY CAB

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Amin H. Jamally</u>		Phone <u>415-206-1908</u>
Residence Address (Street Address, City, State, Zip) <u>1000 - 10th St, Daly City CA 94015</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. SF 94107</u>	
Business Phone ( ) <u>415-206-1908</u>	Medallion Number(s) <u>1235</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Delta CAB owner passed away.

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 30 day of JAN., 2009 at San Francisco, California

Amin H. Jamally  
Print Name of Applicant

Amin H. Jamally  
Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> 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.	
<u>Roger Cardenas</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>1-30-09</u> Date

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No.	Amount: <u>Waived</u>	Date

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Delta cab owner passed away.
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 Hours shifts

I, Amin H. Jamally, acknowledge that in making this color scheme transfer to BAY CAB, I will operate my medallion # 1235 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. Qu
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). Qu
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. Qu
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. Qu
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. Qu
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. Qu
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. Qu

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1235 in full compliance with the above stipulations.

Signature: Amin H. Jamally

Date: 1/30/09

Department Witness: John

Date: 2/4/09

= 1235

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER  
POLICY NUMBER  
YEAR  
2006  
COMPANY  
CNA INSURANCE COMPANY  
EFFECTIVE DATE  
10/12/08  
MAKE/MODEL  
TOYOTA  
EXPIRATION DATE  
10/12/09  
VEHICLE IDENTIFICATION NUMBER

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

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

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

INSURED

DELTA CAB # 1235  
SFITA & AUTOS FOR HIRE  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

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

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

RECEIVED

FEB 9 4 2009

SAN FRANCISCO  
TAXI COMMISSION

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYT	2006	2005	DV	2007	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE/VESSEL ID NUMBER	
TX	G	QM	2	C	03200		
TYPE VEHICLE/VESSEL USE	DATE ISSUED	CC/ALCO	DT-FEE RECVD	PIC			
COMMERCIAL	01/14/09	41	01/14/09	0			

RDF REASONS: F

JAMALLY AMIN HAMDI

AMOUNT PAID  
\$ 296.00

AMOUNT DUE

AMOUNT RECVD

\$ 296.00

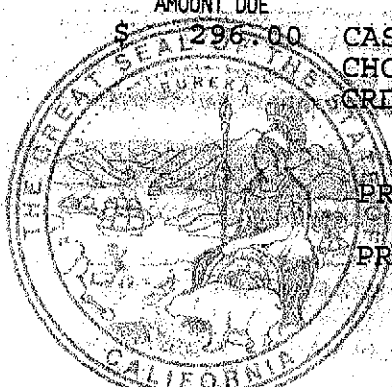
CASH : 5.00

CHCK :

CRDT : 291.00

DALY CITY  
CA

94015



PR EXP DATE: 10/31/2008

PR/HIST: SALVAGED

599 35 0029600 0003 CS 011409 8J16955 974



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that medallion #1235 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION



**TAXICAB COLOR SCHEME CHANGE APPLICATION**  
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DELTA CAB To: BAY CAB  
\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

**PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <u>KIN C CHING</u>		Phone <u>415 206 1908</u>
Residence Address (Street Address, City, State, Zip) <u>DALY CITY CA 94014</u>		
Joint Applicant's Name (First, Middle, Last) 		Phone ( )
Residence Address (Street Address, City, State, Zip) 		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE. SF 94107</u>	
Business Phone <u>415 206-1908</u>	Medallion Number(s) <u>1009</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input checked="" type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Delta cab owner die.

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 29 day of JAN, 2009 at San Francisco, California

KIN C CHING  
Print Name of Applicant

Kin Ching  
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER GARDENAS</u>	Title: <u>MR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> hereby give consent to the applicant named to use my color scheme. Taxicab 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 <u>Roger Gardenas</u>	Date <u>1-29-09</u>

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No. _____	Amount: <u>waited</u>	Date

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Delta ownern die
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 Hrs shift

I, Kin c ching, acknowledge that in making this color scheme transfer to

BAY CAB, I will operate my medallion # 1009 in compliance with the following stipulations:

- The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. Ke
- All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). Ke
- The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. Ke
- I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. Ke
- The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. Ke
- If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. Ke
- I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. Ke

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1009 in full compliance with the above stipulations.

Signature: Kin c ching

Date: 1/30/09

Department Witness: Dawn

Date: 2/4/09

# 1009

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

10/12/08

10/12/09

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2004

FORD

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

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

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

1. Name and address of each dri  
passenger and witness.

2. Name of Insurance Company an  
number for each vehicle invo

INSURED

DELTA CAB # 1009

SFITA

999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

ACORD 50 (1/83)

REGISTRATION CARD VALID FROM: 11/30/2008 TO: 11/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2004	0000	BE	2007	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PY	2	C	03960		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		11/21/08	41	11/06/08	9		
		PR/HIST	SALVAGED				
REGISTERED OWNER							PR EXP DATE: 11/30/2008
KIN CHING C/							AMOUNT PAID
LAM CHENG W							\$ 132.00
				AMOUNT DUE	AMOUNT RECVD		
				\$ 132.00	CASH :		
					CHCK :		
					CRDT :	132.00	
S SAN FRAN							
CA	94080						
LIENHOLDER							



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #1009 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A large, stylized handwritten signature in black ink, likely belonging to Dmitry Erenkov.

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

**TAXICAB COLOR SCHEME CHANGE APPLICATION**  
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: DELTA CAB To: BAY CAB

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

**PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <u>DARYOUSH - AMIR EHSANI</u>		Phone <u>415-208-1908</u>
Residence Address (Street Address, City, State, Zip) 		
Joint Applicant's Name (First, Middle, Last) 		Phone ( )
Residence Address (Street Address, City, State, Zip) 		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. SF CA. 94107</u>		
Business Phone ( ) <u>415-208-1908</u>	Medallion Number(s) <u>378</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

DELTA CAB OWNER PAST UNLAW

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 30 day of JAN., 2009 at San Francisco, California

DARYOUSH - AMIR EHSANI  
Print Name of Applicant      Signature of Applicant

<b>***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****</b>	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> hereby give consent to the applicant named to use my color scheme. Taxicab 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 <u>Roger Cardenas</u>	Date <u>1-30-09</u>

<b>***** OFFICE USE ONLY *****</b>			
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: <u>Danella</u>	Receipt No. _____	Amount <u>waived</u>	Date <u>1-30-09</u> TAXI COMMISSION

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? DELTA CAB OVER PAST WEEK  
PAST the DAY
2. How have you been operating your medallion at your current color scheme? Circle one:
  - a. Gas and Gates
  - ☒ b. Color Scheme Only
  - c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
  - a. Gas and Gates
  - ☒ b. Color Scheme Only
  - c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 HOURS SHIFTS

I, DARYOUSH-AMIRKESHIAN, acknowledge that in making this color scheme transfer to BA9 CAB, I will operate my medallion # 378 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. DA
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). DA
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. DA
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. DA
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. DA
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. DA
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. DA

I have read and understood all of the above. I declare that I will operate my taxicab permit number 378 in full compliance with the above stipulations.

Signature: [Signature]

Date: 1-3-09

Department Witness: [Signature]

Date: 2/4/09

# 378

# INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

10/12/08

EXPIRATION DATE

10/12/09

YEAR

MAKE/MODEL

2004

TOYT

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

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

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

INSURED

DELTA CAB # 378  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION

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

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

REGISTRATION VALID FROM		TYPE		LICENSE NUMBER	
OML 12/31/2008 TO 12/31/2009		31		SALVAGED	
VEHICLE IDENTIFICATION NUMBER		MAKE		MODEL	
TOYT		TOYT		2004	
DATE FIRST SOLD		CLASS		YR Model	
00/00/2003		BH		2008 2004	
TYPE VEH		MP		AX	
32X		G		2	
WC		UNLADEN/GCW		TOTAL FEES PAID	
C		03160		\$141	
				0100	

DELTA CAB CO  
AMIREHSANI DARYOUSH  
FREMONT CA 94555-2011



STATE OF CALIFORNIA  
DEPARTMENT OF MOTOR VEHICLES  
VALIDATED REGISTRATION CARD

W0024  
R0055  
L0032

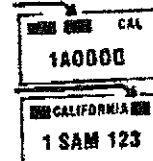
TO REMOVE THE STICKER  
FROM THE BACKING,  
BEND STICKER AT SLIT AND PEEL SLOWLY.

INSTRUCTIONS FOR  
APPLYING STICKER TO LICENSE PLATE

1. CLEAN SURFACE THOROUGHLY. SCRAPE  
OFF ACCUMULATED STICKERS (STICKER  
WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE  
AS SHOWN BELOW:

MOTORCYCLES:  
Right Half of This Wall

ALL OTHERS:  
In Top Right Corner



EXCEPT:  
Truck Tractors And Commercial Vehicles With  
A Declared Gross Vehicle Weight of 10,001 lbs.  
or More—Must Apply Sticker To Front Plate



*Farmers Insurance Group of Companies*

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100  
San Francisco, CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

4 February 2009

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #378 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through CNA Insurance and Arch Insurance companies.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Dmitry Erenkov".

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

FEB 04 2009

SAN FRANCISCO  
TAXI COMMISSION