Consent: Item D

Consideration of the Taxi Commission to grant a Color Scheme

Medallion Holder	Medallion	Change:
Name:	#:	
1. Bon Nom Huey	1175	Regents to Fog City
2. Dougles 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	378	Delta to Bay
Amirehsani*		

^{*} Commission would be required to waive Notice rule

TAXICAB COLOR SCHEME CHANGE APPLICATION San Francisco Taxicab Commission Regant CHANGE OF COLOR SCHEME - From: City CA *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) Phone Joint Applicant's Name (First, Middle, Last) Phone Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? **□**No ☐ Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Business Name Business Address (Street Address, City, State, Zip) ~0 G **Business Phone** Gas & Gate ☐ Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary): I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. day of at San Francisco, California Name of person authorized to sign for Color Scheme Holden osiden I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. JAN 14 2009 Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

	**************************************	ISE CALLY SEE SEE SEE SEE SEE SEE	
Agenda Notice Date	Hearing Date 2.10.09	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos-Submitted-
Received by: 7.0.	Receipt No.	Amount 4/4/60.00	Date 1. 14. 09

COLOR SCHEME CHANGE QUESTIONNAIRE

1	Why are you requesting this color scheme change? _	Fog city CAB has Better Se
2	2. How have you been operating your medallion at your a. Gas and Gates b. Color Scheme Only c. Single Shift operated	current color scheme? Circle one:
3.	B. How will you operate your medallion at the new color (a.) Gas and Gates b. Color Scheme Only c. Single shift operated	scheme? Circle one:
4.	l. Will you sign any leases with your new color scheme o	or with any drivers associated with that color scheme?
ŭ	☐ Yes ☐/No If Yes, you must bring copies of these leases to the Tabe implemented.	axi Commission office before your color scheme change ca
5.	For Post-K medallion holders only: What shifts will you Proposition K?	u be driving your taxicab vehicle in order to comply with
	Mornings MON - Fri	i da y
	I, <u>Bon Nom Huef</u> , acknowledge	/ ge that in making this color scheme transfer to
	Fog CH CAB , I will operate my n stipulations:	medallion # 1175 in compliance with the following
	The taxicab will begin and end all shifts at the comwill be turned in at the company premises at the company premises.	npany property and all waybills, reports and found property onclusion of each shift.
	2. All lease arrangements will be limited to a maximum	m of three layers (e.g. Owner/Color Scheme/Driver). \cancel{B} $^{\prime\prime}$
		st my name or that of the Color Scheme Holder and may which complies with the three layer rule.
	permit issued by the City and County of San Franci	cab vehicle unless that person (1) holds a valid driver's sisco, (2) has a lease for the vehicle or is a gas and gates taxicab company with which I am associated.
		provisions of Article 16 of the Municipal Police Code and ve taken time to educate myself about those provisions so
	6. If I received my permit after 1978, I will comply with requirement contained in Article 16 of the Municipal	the 800 hours or 156 four-hour shift full-time driving I Police Code.
		ce Code, Planning Code and Traffic Code of the City and de, California Worker's Compensation Laws and Taxi
	read and understood all of the above. I declare that I mpliance with the above stipulations.	will operate my taxicab permit number 1175 in
Signatu	we Bare form frey	Date: (- (0 - 0 9
Departn	ment Witness: TO	Date:

Updated: July 23, 2008, G:1Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc

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. Sincerely;

Sonny Tam Operation Manager of Fog City Cab, Inc.

RATE (F.D)

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 Taxleab 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

10%

H & Mari

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - F	From: DESCAO	To:	tox one Luxoc
and Color Scheme Change Questionnaire	ertificate Of Worker's Compensation, Ro EASE PRINT CLEARLY – COM		surance Card, Vehicle Introduction Form (2
Applicant's Name (First, Middle, Last)			Phone
h.f.			/
Residence Address (Street Address, City, State, Zi	0)		y- J19 /U-
Joint Applicant's Name (First, Middle, Last)	,		Phone
			()
Residence Address (Street Address, City, State, Zip	۵)		
Is this a Corporate permit? No	☐ Yes If yes, Name of Corporation	;	
If this color scheme request is granted	d by the Taxicab Commission, list what	your business nan	ne, address and phone number will be.
Business Name	Business Address (Street Address, City, State	e, Zip)	-
th Luxol	2230 Secrobs Ave.	SPCA	94/24
Business Phone	Medallion Number(s)	•	Owner / Operator
46 282-4141	130		☐ Gas & Gate
	180		☐ Long Term Lease
Please describe why you would like	to change to the above named tax	i company (atta	ch additional pages if necessary):
Recognal Gease	n√.		
The and the second	interdispetch.		,
CHACK NOS CON	1 putter cuspetch.		*
I (We) certify (or declare) under penalty of			he foregoing is true and correctat San Francisco, California
Print Name of Applicant	Signature	D JOS D e of Applicant	Non
	COMPLETED BY ACCEPTING C	OLOR SCHEME	Commission of the Commission o
Name of person authorized to sign for Color Scheme	r Holder:		President
I, the Color Scheme Holder / person authorized	d to sign for the Color Sehema Helder for	1 xon	(AB
hereby give consent to the applicant name of to		20 70 1-	Taxicab Color Scheme
I certify (or declare) under denaity of perjury un	nder the laws of the State of California that	the foregoing is true	e and correct.
		1-1	1-09
Signature of Color Scheme Holder / person authori	zed to sign for Color Scheme Holder		Date
*****	******************OFFICE USE ONLY	*******	DE grand or my
Agenda, Notice Date Hearing	Date 02110109 Decision of	Taxicab Commission	New Declaration Signed
Worker's Comp Submitted Insurance	e Submitted Paint Chips	Submitted	Photos Submitted
Received by: Dan-elle	Receipt No.	ount \$1-110-	Date

COLOR SCHEME CHANGE QUESTIONNAIRE

1. W	hy are you requesting this color scheme change? RESTON KONSONS.
***************************************	Luxor has computer dispatch.
2. Ho	w have you been operating your medallion at your current color scheme? Circle one: a. Gas and Gates b. Color Scheme Only Single Shift operated
3. Ho	w will you operate your medallion at the new color scheme? Circle one: a. Gas and Gates b. Color Scheme Only c) Single shift operated
If Y be	If you sign any leases with your new color scheme or with any drivers associated with that color scheme? Yes Mio Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car implemented. Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with a position K?
FIC	Shing Shifts - How Zign - 12:00 fly
·	naknowledge that in making this color scheme transfer to use in compliance with the following ulations:
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.
2.	All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
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.
	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.
	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.
	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.
•	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.
	and understood all of the above. I declare that I will operate my taxicab permit number in nce with the above stipulations.
Signature:	Date: 1/21/28
Department \	Witness: Date: 12108

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CERTIFICATE HOLDER

San Francisco International Airport Ground Transportation Permit Processing Unit P.O. Box 8097 San Francisco, CA 941/28 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

1/21/08

Townitual carcan.

Wedellien 1801 is out of series watil the final transfer to wood is completed. Valueto is cucreatly not survey. Described.

that stability cart of services were 13/2008 (DMZ)

RECEIVED

JAN 21 2009

—SAN FRANCISCO TAXI COMMISSION

CERTIFICATE OF SELF-INSURANCE

This is to certify that <u>Luxor Cabs, Inc.</u> 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).

ZEDWN IMURA, Manager

Financial Responsibility Unit Department of Motor Vehicles



RECEVED

JAN 3 I 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

YR 1ST SOLD VLF CLASS *YR TYPE VEH TYPE LIC LICENSE NUMBER YR MODEL MAKE BT31 2004 0000 2007 37X DODG

BODY TYPE MODEL MO WC UNLADEN/G/CGW VEHICLE ID NUMBER

ΑX

G 2 C PWТX -----

DATE ISSUED CC/ALCO DT FEE RECVD PIC TYPE VEHICLE USE STICKER ISSUED

38 09/04/08 09/04/08 8 COMMERCIAL PR/HIST: TAXI PR EXP DATE: 08/31/2008

REGISTERED OWNER AMOUNT PAID

\$ 159.00 DESOTO AMOUNT RECVD 555 SELBY AMOUNT DUE

159.00 CASH :

CHCK: SAN FRANCISCO CRDT:

CA 94124

DOUGLAS T WONG JAN 31 2009

> SAN FRANCISCO IAM COMMISSION

SAN FRANCISCO CA

LIENHOLDER

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

TAM COMMISSION

CHANGE OF COLOR SCH	EME-From: Delta	combany To: 1	lina cab company
*Forms to submit with this appliand Color Scheme Change Ques	stionnaire.	npensation, Registration Card, Inst	rrance Card, Vehicle Introduction Form (2)
Applicant's Name (First, Middle, Last)			Phone
ANTONE	N. NGUYEN		(415
Residence Address (Street Address, Cli	ıy, ştale, zip) SanFpancisco	CA 94118	
Joint Applicant's Name (First, Middle, La	ast)		Phone
Residence Address (Street Address, Cit	y, State, Zip)		
Is this a Corporate permit?	☑ No ☐ Yes If yes, Name	of Corporation:	
If this color scheme request			address and phone number will be.
Business Name VINA CA	Business Address (Street Address)	dress, City, State, Zip) YIVANIA AVE	SOF CA 94107
(415) 305-6913	Medallion Num	ber(s)	Owner / Operator
413 / 305 - 09 13	5	96	Gas & Gate
			Long Term Lease
_ 1	٨		additional pages if necessary):
Delfa col	or scheme owner	died Twou	ld like change
color sch	eme to Vina	ab company	3.5
000010 700	Coppe 10 Olococ	as confidence	
		The state of the s	
14779 - 1881 (1477)	· · · · · · · · · · · · · · · · · · ·	- warman	
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	, 20 00 a	at San Francisco, California
			at oan i fanoloog, camorna
ANI	TONE NGUYEN	Chulm hay	yen
Print Name of Applicant		Signature of Applicant	
Name of person authorized to sign 'ar Co	TO BE COMPLETED BY ACC	EPTING COLOR SCHEME C	NLY************************************
popular administration of popular and an arrangement of the second		. /	
	TAM NGUYE	<u>N</u>	OWNER
I, the Color Scheme Holder / person	authorized to sign for the Color Schei	me Holder for VINAC	ABCO.
hereby give consent to the applicant	named to use my color scheme.		Faxicad Color Scheme
I certify (or declare) under penalty of	perjury under the laws of the State of	California that the foregoing is true a	nd correct.
L.	A CONTRACTOR OF THE PARTY OF TH	ଥିବ	- 67 - 50
Signature of Color Scheme Holder / pe	erson authorized to sign for Color Scheme Holder		02 - 09 Date
			And Same Same Same Same Same Same Same Same
Aganda Natica Data	7	USE ONLY************************************	9
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed Photos Submitted 0 3 2003
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	
Received by:	Receipt No.	Amount	Date SAM SDANCISCO

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change?	Delta	color scheme	owner	died.
	swould like change to vince	ecab co	mpany		
2.	How have you been operating your medallion at your a Gas and Gates (b) Color Scheme Only c. Single Shift operated	current color	scheme? Circle one		
3 ,	How will you operate your medallion at the new color a. Gas and Gates b. Color Scheme Only c. Single shift operated	scheme? Cir	cle one:		
4.	Will you sign any leases with your new color scheme of Yes ✓ No If Yes, you must bring copies of these leases to the Table implemented.				
5.	For Post-K medallion holders only: What shifts will you Proposition K?	ı be driving y	our taxicab vehicle in	order to com	ply with
	I driver a da	y shift	Five shi	Haw	eek
	 The taxicab will begin and end all shifts at the comwill be turned in at the company premises at the company premises at the company premises. 	ipany properi	ty and all waybills, rej		
	All lease arrangements will be limited to a maximu		• •	or Scheme/Dr	iver). <u>A . N</u>
	The vehicle used for this taxicab will contain at lea also contain the name of a driver holding a lease was also contain.				and may
,	 I will not permit anyone to drive or operate the taxic permit issued by the City and County of San Franc driver, and (3) is listed on the driver's roster for the 	isco, (2) has	a lease for the vehicl	le or is a gas a	and gates
;	5. The vehicle will be operated in accordance with all the Commission's Rules and Regulations, and I hat that I fully understand and comprehend them. A	ve taken time	f Article 16 of the Mur e to educate myself a	nicipal Police bout those pr	Code and ovisions so
6	6. If I received my permit after 1978, I will comply with requirement contained in Article 16 of the Municipal			hift full-time d	riving
ï	7. I will comply with the provisions of the Charter, Poli County of San Francisco, the California Vehicle Co Commission Rules and Regulations. ⚠ N				
l have re full com	ead and understood all of the above. I declare that I apliance with the above stipulations.	will operate	my taxicab permit	number <u>3</u>	96_in
Signature	re: Entonraugu	Date: 2	12/09		
Departm	nent Witness:	Date:	• /		



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,

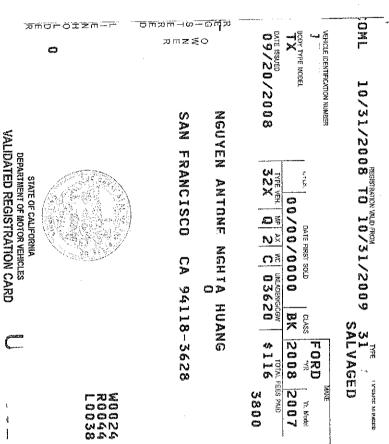
Dmitry Erenkov Agent/Broker

DIE/ece

RICEVED

FEB 0 3 2009

SAN FRANCISCO TAXI COMMISSION





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:

INSTRUCTIONS FOR

MOTORCYCLES: Right Half of This Well

MAN SOME CAL

140000

ALL OTHERS: In Top Right Corner

en california en

1 SAM 123

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

EXCEPT:

READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

RECEVED

FEB 0 3 3363

BAN FRANCISCO TAKI CYOMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION

			San Francisco Taxicab Commissio
CHANGE OF COLOR SCHI	EME – From: DE	LTACABCO T	O: VINACAB CO
		ker's Compensation, Registration Car	d, Insurance Card, Vehicle Introduction Form (
and Color Scheme Change Ques		CLEARLY – COMPLETE ENT	IRE FORM
Applicant's Name (First, Middle, Last)			Phone
FAROUK KI	to DOR		
FAROUS KI Residence Address (Street Address, Cit	y, State, Zip)		
- A will be have been	83/2 65	7011	- I ITH U
Joint Applicant's Name (First, Ivinuale, La	ou .	1	Phone
Residence Address (Street Address, City	/, State, Zip)		,
Is this a Corporate permit?	No ☐ Yes If y	es, Name of Corporation:	
If this color scheme request i	s granted by the Taxicab	Commission, list what your business	name, address and phone number will be.
Business Name	Business Address	s (Street Address, City, State, Zip)	
VINACAB CO		ENNSYLVANIA +	WE SIF CA 9HIOT
Business Phone (415) 305-6913	Med	iallion Number(s)	Owner / Operator
(413/303-0413		839	Gas & Gate
			L Long Term Lease
Please describe why you wo	uld like to change to t	he above named taxi company (a	attach additional pages if necessary):
The deltarable	The Schamp	holder had pass	ed awaw I
	,	to the vina co	
	it	\$ 6 pm	
has a great b	JUCK AND A	NOWING CHARA. OF	sportch service and
a better chool	nization		
I (We) certify (or declare) under	penalty of perjury under	the laws of the State of California th	at the foregoing is true and correct.
Executed this	_day of <i>0.2</i>	, 20 <i>_0 c</i>	📜 at San Francisco, California
Fronk Wila	0.00	- 11 1	(/{
TAROUK KHO	DUR	FornK K Signature of Applicant	MACO
	VI 9000		
Name of person authorized to sign for Col		BY ACCEPTING COLOR SCHE	ME ONLY************************************
, , , ,	and the second s	s/comal	OWNER
	<u> </u>	NGUYEN	DUNER
I, the Color Scheme Holder / person	authorized to sign for the C	olor Scheme Holder for	ACABCO.
hereby give consent to the applicant	named to use my color sch	eme.	Taxicab Color Scheme
I certify (or declare) under penalty of	pequry under the laws of the	ne State of California that the foregoing is	s true and correct.
			_
Similar Color	and the size of th	h Haldan	02-02-09
Signature of Color Serieme Holder / pe	erson authorized to sign for Color Sc	meme Holder	02-02-09 Date
	************	OFFICE USE ONLY**********	to defende reduces readily as the effect of the a
Agenda Notice Date	Hearing Date	Decision of Taxicab Commissi	
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date PASSON PAUL COMMISSION
	1		1927 hy 2752 A 1144 (4) 20 1475 (4)

COLOR SCHEME CHANGE QUESTIONNAIRE 1. Why are you requesting this color scheme change? to the asent How have you been operating your medallion at your current color scheme? Circle one: a Gas and Gates (b) Color Scheme Only 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? KHODOR, acknowledge that in making this color scheme transfer to ____, I will operate my medallion # $\underline{S34}$ 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. 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). 1. K. 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. 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. 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. 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. 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. I have read and understood all of the above. I declare that I will operate my taxicab permit number $-\frac{239}{100}$ in full compliance with the above stipulations.

Date:

Department Witness:



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,

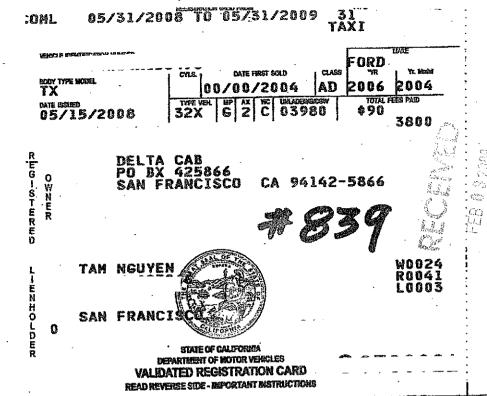
Dmitry Erenkov Agent/Broker

DIE/ece

RECENED

FEB 0 3 2009

SAN FRANCISCO TAXI COMFAISSION





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

INSTRUCTIONS FOR APPLYING STICKER TO LICENSE PLATE

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

MOTORCYCLES: Right Helf of This Well

ALL OTHERS: In Top Right Corner CÁL 1A9999 CALIFORNIA 1 SAM 123

EXCEPT:

Truck Tractors And Coverescial Vehicles With A Declared Gross Vehicle Weight of 10,891 lbs. or More - Must Apply Sticker To Front Plate



INSURANCE IDENTIFICATION CARD

CALIFORNIA

ABI BUSINESS INSURANCE SERVICES

32107 W. LINDERO CANYON RD #126

WESTLAKE VILLAGE, CA 91361

COMPANY NUMBER

POLICY NUMBER

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

MAKE/MODEL

FORD AGENCY/COMPANY ISSUING CARD

EXPIRATION DATE

10/12/09

VEHICLE IDENTITY OF TON 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

ACORD 50 (1/83)

'NSURED

YEAR

2004

DELTA CAB # 839

SFITA

999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCH	IEME - From: DELTAC	ABCO To: N	INA CAB CO
	ication: Certificate Of Worker's Com	•	ance Card, Vehicle Introduction Form (2)
and color ocheme change due		LY - COMPLETE ENTIRE FO	RM
Applicant's Name (First, Middle, Last)			Phone
NUONG LAN Residence Address (Street Address, Ci	tv State Zip)		1. 201 322
·	-	· · · · · · · · · · · · · · · · · · ·	···
Joint Applicant's Name (First, Middle, La	ast)) 0/1 1/1 (2)	Phone ()
Residence Address (Street Address, Cit	y, State, Zip)		
Is this a Corporate permit?	YŽ No ☐ Yes If yes, Name o	f Corporation:	
If this color scheme request	is granted by the Taxicab Commission	on, list what your business name, a	ddress and phone number will be.
Business Name	Business Address (Street Address	ress, City, State, Zip)	
VINACABCO	999 PENNS Medallion Number		SEF CA 94107
(415) 305-6913	Wedginor Namus	929	Owner / Operator ☐ Gas & Gate ☐ Long Term Lease
Please describe why you wo	uld like to change to the above	named taxi company (attach a	dditional pages if necessary):
The Doltac		ne holder Dass	1
World Rive		VINACABCO. I	, ,
Checker displ	Atch Service	and Better	Draganization.
I (We) certify (or declare) under	penalty of perjury under the laws o	f the State of California that the fo	regoing is true and correct.
Executed this	_day of <i>O.</i> 2	, 20 <u>09</u> at	San Francisco, California
s my mar old the second	LAM NUONG	JanMaurm	
Print Name of Applicant		Signature of Applicant	
	O BE COMPLETED BY ACCE		L Y ************************************
Name of person authorized to sign for Col	TAM NGUYEN		DWNER
I the Cales Cabona Holder I nomen	authorized to sign for the Color Scheme	a Halder for VINACA	-B CO
hereby give consent to the applicant	•	Tax	icab Color Scheme
	perjury under the laws of the State of C	California that the foregoing is true and	correct.
	e de la companya del la companya de	A 9_ a a _	ρa
Signature of Color 30 teme Holder / pe	erson authorized to sign for Color Scheme Holder	02-02-	Date
	**************************************	ISE ONLV*********************	
genda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Vorker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

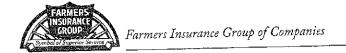
Date EB 17 3 2003

Receipt No.

Received by:

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change? Go to the great dispatel
	Service and better organization -
2.	How have you been operating your medallion at your current color scheme? Circle one: a. Gas and Gates 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 YNo 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 saterday.
	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.
:	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	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.
	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.
	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.
(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.
	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.
I have re full com	ead and understood all of the above. I declare that I will operate my taxicab permit number $\frac{929}{100}$ in pliance with the above stipulations.
Signature	e: <u>Vary Munson</u> Date: <u>02-02-09</u>
Departm	e:



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.

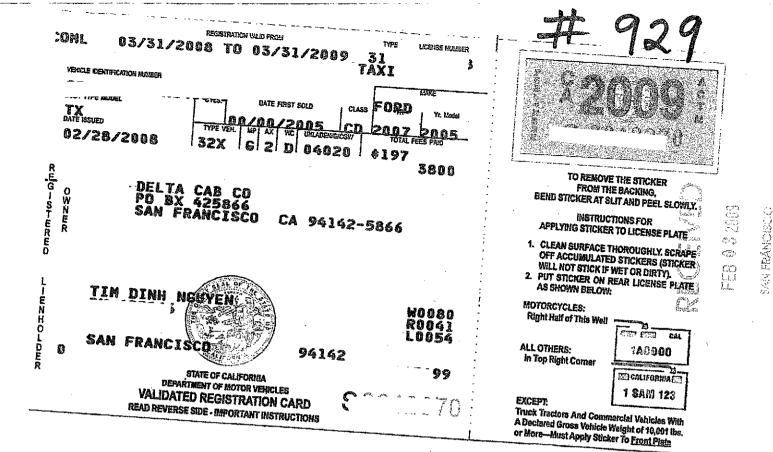
Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

FEB 0 8 2000

EN COMMISSION



INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

POLICY NUMBER ALTERNATION OF THE PARTY OF THE EFFECTIVE DATE

EXPIRATION DATE 10/12/08 10/12/09

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER CHETTING TO LONG TO SERVE

AGENCY/COMPANY ISSUING CARD

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

INSURED

YEAR

2005

DELTA CAB # 929 SFITA 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

AN COMMESSON

- 1.Name and address of each driv passenger and witness.
- 2.Name of Insurance Company and number for each vehicle invol-

ACORD 50 (1/83)

TAXICAB COLOR SCHEME CHANGE APPLICATION

*CHANGE OF COLOR S		, , , , , , , , , , , , , , , , , , , ,	
	pplication: Certificate Of Worker's C Questionnaire.	•	nsurance Card, Vehicle Introduction Form
Applicant's Name (First, Middle, La		ARET - OOM LETE ENTINE	Phone
-	INIS T.	3.6.76	(Sto)
Residence Address (Street Address	S City State Zin)	12626	w-, ,
(0.000.7.000.00.			
Joint Applicant's Name (First, Middl	e, Last)		Phone
Residence Address (Street Address	, City, State, Zip)		()
la this a Command	A W		
Is this a Corporate permi	? XNo ☐ Yes Ifyes, Nam	ne of Corporation:	
If this color scheme requ	est is granted by the Taxicab Comm	ission, list what your business nam	ne, address and phone number will be.
Business Name	Business Address (Street		
NINACAT Business Phone (4/5) 305-69	3 1999 PENNS	SYLVANIA AVE	S.F. CA 94107 M Owner/Operator
(145 305- 6a	1.2	imper(s)	Owner / Operator
(413) 303 64		751	☐ Gas & Gate
		./ 3 /	Long Term Lease
Please describe why you	would like to change to the abo	ve named taxi company (atta	ch additional pages if necessary):
			PASSED AWAY .
1-m-		4.	,
ا المعادا	· :/ /0 : A : 1 /2 7		
	IRE 10 CHANGI	E TO VINACA	B Co .
I (We) certify (or declare) und	ler penalty of perjury under the lawday ofFEBRUARY	s of the State of California that th	
I (We) certify (or declare) und Executed this	ler penalty of perjury under the lawday ofFEBRUARY	s of the State of California that th	ne foregoing is true and correct.
I (We) certify (or declare) und Executed this	ler penalty of perjury under the lawday ofFEBRUARY	s of the State of California that th	ne foregoing is true and correct. at San Francisco, California
I (We) certify (or declare) und Executed this	ler penalty of perjury under the lawday ofFEBRUARY (へんん() **TO BE-SOMPLETED BY AC	s of the State of California that the control of the State of California that the control of the control of Applicant	ne foregoing is true and correct. at San Francisco, California
I (We) certify (or declare) und Executed this	er penalty of perjury under the law day ofFEBRUAR Color Scheme Holder:	s of the State of California that the control of the State of California that the control of the	ne foregoing is true and correct. at San Francisco, California
Executed this	day of FEBRUARY Laballa TO BE COMPLETED BY AC Color Scheme Holder:	s of the State of California that the 20 09 Signature of Applicant CEPTING COLOR SCHEME	ne foregoing is true and correct. at San Francisco, California
Executed this	er penalty of perjury under the law day of FEBRUARY Color Scheme Holder: TAM on authorized to sign for the Color Sch	s of the State of California that the 20 09 Signature of Applicant CEPTING COLOR SCHEME	ne foregoing is true and correct. at San Francisco, California
Executed this	day of FEBRUARY Laballa TO BE COMPLETED BY AC Color Scheme Holder:	s of the State of California that the 20 09 Signature of Applicant CEPTING COLOR SCHEME	ne foregoing is true and correct. at San Francisco, California
Executed this	er penalty of perjury under the law day of FEBRUARY Color Scheme Holder: TAM on authorized to sign for the Color Sch	s of the State of California that the control of Applicant Signature of Applicant CEPTING COLOR SCHEME MOTUTEN TO STATE OF THE COLOR SCHEME OF THE	ne foregoing is true and correct. at San Francisco, California ONLY************************************
Executed this	day of	s of the State of California that the 20 09 Signature of Applicant CERTING COLOR SCHEME MGUYEN eme Holder for	at San Francisco, California ONLY************************************
Executed this	day of	Signature of Applicant CERTING COLOR SCHEME MGUYEN eme Holder forVIN	ne foregoing is true and correct. at San Francisco, California ONLY************************************
Executed this	day of FEBRUARY Laboration authorized to sign for Color Scheme Holde To perjury under the laws of the State of perjury under the laws	s of the State of California that the state of Applicant Signature of Applicant CEPTING COLOR SCHEME MOTUTEN eme Holder for VIN of California that the foregoing is true	one foregoing is true and correct. at San Francisco, California ONLY Title: OWNER A CAB Taxicab Color Scheme and correct. 2-4-09 Date
Executed this	day of FEBRUAR ATO BE COMPLETED BY AC Color Scheme Holder: On authorized to sign for the Color Scheme. Of perjury under the laws of the State of	s of the State of California that the state of Applicant Signature of Applicant CEPTING COLOR SCHEME MOTUTEN eme Holder for VIN of California that the foregoing is true	at San Francisco, California ONLY************************************
I (We) certify (or declare) und Executed this	day of FEBRUARY TO BE COMPLETED BY AC Color Scheme Holder: Of perjury under the laws of the State of perjury under the laws of the laws of the laws of the laws of the laws	Signature of Applicant CEPTING COLOR SCHEME MATUYEN eme Holder for VIN of California that the foregoing is true COLOR SCHEME COLOR SCHEM	ne foregoing is true and correct. at San Francisco, California Cur ONLY************************************
Executed this	day of FEBRUARY A CONCOMPLETED BY ACCOOR Scheme Holder: IA Manual Control of Perjury under the laws of the State of Perjury under the laws of the Perjury under the laws of the Perjury under the laws of the Perju	s of the State of California that the signature of Applicant CEPTING COLOR SCHEME A CTUYEN eme Holder for VIN of California that the foregoing is true Color Decision of Taxicab Commission	ne foregoing is true and correct. at San Francisco, California ONLY Title: UNER A CAB Taxicab Color Scheme and correct. 2 - 4 - 09 Date New Declaration Signed

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change? TO THE GREAT DISPATCH AND		
	BETTER EDRQANIZATION -		
2.	How have you been operating your medallion at your current color scheme? Circle one: a. Gas and Gates 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 call 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, <u>DENNIS</u> WONG, acknowledge that in making this color scheme transfer to VINACAB CO, I will operate my medallion # 731 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.		
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).		
	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.		
	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.		
	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.		
	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.		
	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.		
I have r full con	read and understood all of the above. I declare that I will operate my taxicab permit number <u>75/</u> in appliance with the above stipulations.		
Signatu	Date: 2/3/2009 Date: 2/4/09		
Departn	nent Witness: Date: 2 4 0 9		

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER COMPANY

\$C/12/08 CNA INSURANCE COMPANY

POLICY NUMBER

2004

AGENCY/COMPANY ISSUING CARD

FORD MAKE/MODEL

ABJ BUSINESS INSURANCE SERVICES 32107 W. LINDERO CANTON RD #126 WESTLAKE VILLAGE, CA 91361

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

IKSURED

OFITA CAB # 751

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER MAGNO

10/12/08 EFFECTIVE DATE

POLICY NUMBER

2004

AGENCY/COMPANY ISSUING CARD

FORD

MAKE/MODEL

32107 W. LINDERO CANYON RD #126 ABI BOSINESS INSURANCE SERVICES

WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 751

DAN EMANULOUS, UA 94107

SER IMPORTANT NOTICE ON REVERSE SIDE

CNA INSURANCE COMPANY

10/12/09

EXPIRATION DATE

VEHICLE IDENTIFICATION NUMBER

IVALCONMISSION 847A ELEMOCISCO

LEB 0 & 2003

VEHICLE AND ERESENTED UPON DEMAND THIS CARD MUST EE KEPT IN THE INSURED

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

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

number for each wehicle involved.

ACORD 50 (1/83)

WEHICLE AND PRESENTED DECH DEMAND THIS CARD MUST BE KEPT IN THE INSURED

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

Name and address of each driver, passenger and witness.

number for each vehicle involved

ACCRD 50 (1/83)

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.



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

YR MODEL YR 1ST SOLD VLF CLASS *YR TYPE VEH TYPE LIC LICENSE NUMBER MAKE 2003 2004 $_{
m CL}$ 2006 32X 31 FORD

BODY TYPE MODEL MP WC UNLADEN/G/CGW VEHICLE ID NUMBER XA OM

D 04060 G PZ 2 TXSTICKER ISSUED TYPE VEHICLE USE

DATE ISSUED CC/ALCO DT FEE RECVD PIC 12/09/08 38 11/21/08 8 COMMERCIAL

PR/HIST: TAXI PR EXP DATE: 11/30/2008 AMOUNT PAID REGISTERED OWNER

DELTA CAB \$ 209.00 AMOUNT DUE AMOUNT RECVD

209.00 CASH:

CHCK : CRDT : 209.00 SAN FRANCISCO

CA 94112 EED A A orm

LIENHOLDER WONG DENNIS T

SAN FRANCISCO CA

94123

gamenta succession in the



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

FEB 0 4 2009

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION

	San Francisco Taxicab Commission				
CHANGE OF COLOR SCHEME - From: DELTA CAB CO To: V	INACABCO				
*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 FOR	RM				
Applicant's Name (First, Middle, Last)	Phone				
MICHAEL CHANG	(415)				
Residence Address (Street Address, City, State, Zip)					
Joint Applicant's Name (First, Middle, Last)	94133 Phone				
SUITE Applicant's Name (tilist, Middle, Last)	()				
Residence Address (Street Address, City, State, Zip)					
Is this a Corporate permit? No 🗆 Yes If yes, Name of Corporation:					
If this color scheme request is granted by the Taxicab Commission, list what your business name, ad	dress and phone number will be.				
Business Name Business Address (Street Address, City, State, Zip)					
VINACAB CO 999 PENNSY LVANIA AVE Business Phone Medallion Number(s)	5. F. CA-94107				
(415) 30C-6017	Owner / Operator				
982	☐ Gas & Gate ☐ Long Term Lease				
Please describe why you would like to change to the above named taxi company (attach ac	. =				
The Deltacab color scheme holder had passed	away. I				
would like to change it to the Vina can co- color	cschame. It				
has a Great black and white checken dispatch	}				
a better organization.	The state of the s				
of Dellor stopping with the					
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.				
Executed this O2 day of O2	San Francisco, California				
	oan Francisco, Camornia				
MICHAEL CHANGE Muchael	Chang				
Print Name of Applicant Signature of Applicant	ر ـ				
**************************************	L Y ****************				
	Title:				
TAM NGUYEN	OWNER				
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for VINACAF	3 (%)				
hereby give consent to the applicant named to use my color scheme.	cab 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.					
r destring (or decision) under portaing or portaing under the laws of the state of California that the foregoing is true and correct.					
02-	02-09				
Signature of Color Scheme Hotter person authorized to sign for Color Scheme Holder Date					
**************************************	See the fact has the him had				
Agenda Notice Date Hearing Date Decision of Taxicab Commission	New Declaration Signed				
Worker's Comp Submitted Insurance Submitted Paint Chips Submitted	Photos Submitted				

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change?	to the appat 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 col					
	Yes 7 No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car be implemented.				
5.	For Post-K medallion holders only: What shifts will you Proposition K? Will Driving at	be driving your taxicab vehicle in order to comply with Night Shift Monday to Priday			
	 The taxicab will begin and end all shifts at the comwill be turned in at the company premises at the company prem	in compliance with the following spany property and all waybills, reports and found property conclusion of each shift. M.C. In of three layers (e.g. Owner/Color Scheme/Driver). M.C. Ist my name or that of the Color Scheme Holder and may which complies with the three layer rule. M.C.			
	driver, and (3) is listed on the driver's roster for the5. The vehicle will be operated in accordance with all the Commission's Rules and Regulations, and I ha	provisions of Article 16 of the Municipal Police Code and ve taken time to educate myself about those provisions so			
	 that I fully understand and comprehend them. M. If I received my permit after 1978, I will comply with requirement contained in Article 16 of the Municipal 	the 800 hours or 156 four-hour shift full-time driving			
	7. I will comply with the provisions of the Charter, Police County of San Francisco, the California Vehicle Co Commission Rules and Regulations.	ce Code, Planning Code and Traffic Code of the City and de, California Worker's Compensation Laws and Taxi			
I have r full com	read and understood all of the above. I declare that I appliance with the above stipulations.	will operate my taxicab permit number \mathcal{SD} in			
Signatur	re: Muhael Chang	Date: Jan - 29-2009			
Departm	Department Witness: Date: Date: 29-2009 Department Witness: Date: 21009				

COMPANY NUMBER CALIFORNIA

YEAR

FOLICY MINDER

2004

AGENCY/COMPANY ISSUING CARD MERC

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

INSURED

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

SEE IMPORTANT NOTICE ON REVERSE SIDE

REFECTIVE DATE MAKE/MODEL 10/12/08

COMPANY
CNA INSURANCE COMPANY

EXPIRATION DATE 10/12/09

VEHICLE IDENTIFICATION NUMBER

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

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

2.Name of Insurance Company and policy 1.Name and address of each driver, passenger and witness.

number for each vehicle involved.

ACORD 50

(1/83)

FEB 9 4 2003

SAN FRANCISCO 1930 OCOMOSSOCIO



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,

Dmitry Erenkov Agent/Broker

DIE/ece

FEB 0 (200)

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION

MORTOCPAMERSON

San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: *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) Residence Address (Street Address, City, State, Zip) ST. BALY eity, CA 94014 Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit?

No ☐ Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. 206-1908 Gas & Gate ☐ Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary): COMPANY OWERNER. PASTAWAY 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 <u>JANJAR</u> day of <u>JANJARY</u> at San Francisco, California RAY YAGHMOUR I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or deelare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. are of Color Scheme Holder / person authorized to sign for Color Scheme Holder 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.

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change? COMPANY OWNER PAST AW
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 car 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, $RAY NAGHMOR$, acknowledge that in making this color scheme transfer to $BAY CAB$, I will operate my medallion # $\underline{547}$ 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. \$\frac{1}{2} \delta \delta\$ All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). \$\frac{1}{2} \delta \delta\$
	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.
	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.
	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. $\underline{\searrow \xi} \mathcal{S}$
(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.
ì	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.
	ead and understood all of the above. I declare that I will operate my taxicab permit number 547 in pliance with the above stipulations.
Signature	e: Ray Jodniem Date: JAN, 28,09
Departme	ent Witness: Date: 2 4 09

VEHICLE AND PRESENTED UPON DEMAND

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

POLICY NUMBER

BURN CLANTER OF

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

MAKE/MODEL

HONDA

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

Legichans sagarasas

AGENCY/COMPANY ISSUING CARD

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

INSURED

YEAR

2008

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

SEE IMPORTANT NOTICE ON REVERSE SIDE

. 3/

FFR 0 4 2090 .

SAN FRANCISCO TAXI COMMISSION

IN CASE OF ACCIDENT: Repor To your Agent/Company as soon as

Obtain the following information:

THIS CARD MUST BE KEPT IN THE INSU

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

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

LICENSE NUMBER

ł

ACORD 50 (1/83)

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

MAKE YR MODEL YR 1ST SOLD VLF CLASS TYPE VEH TYPE LIC HOND ... 2008 2008

HA 31X 31 BODY TYPE MODEL ΜP MO AX WC UNLADEN/G/CGW

VEHICLE ID NUMBER TXN PS 2 В 02904

TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC STICKER ISSUED COMMERCIAL 05/15/08

41 05/15/08 PR/HIST: TAXT

REGISTERED OWNER AMOUNT PAID YAGHMOUR RAY 247.00

AMOUNT DUE AMOUNT RECVD

247.00 CASH

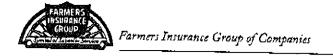
CHCK DALY CITY CRDT CA 94014

LIENHOLDER

AMERCN HONDA FIN CORP PO BX 997521

SACRAMENTO CA 95899

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



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,

FEB 9 4 2003

SAN FRANCISCO TAXI COMMISSION

Dmitry Erenkov Agent/Broker

DIE/ece

TAXICAB COLOR SCHEME CHANGE APPLICATION San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: To: *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) Residence Address (Street Address, City, State, Zip) Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? No No ☐ Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Business Address (Street Address, City, State, Zip) ☐ Gas & Gate ☐ Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary): I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. day of 20 00 at San Francisco, California 1, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	**************		The same of the sa
Agenda Notice Date	Hearing Date	ICE USE ONLY*****************	
	Hearing Date	Decision of Taxicab Commission	New Declaration Signed 7009
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: Demethe	Receipt No.	Amount WOWTO	Date AN INATIONSON

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 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
[Will you sign any leases with your new color scheme or with any drivers associated with that color scheme? ☐ Yes ☑ No f Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car be implemented.
	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
_	10 HRSV. ShIFT
(i,	TOHN () , acknowledge that in making this color scheme transfer to HH CHS , I will operate my medallion # 275 in compliance with the following tipulations:
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.
2.	. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
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.
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.
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.
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.
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
I have reafull compl	d and understood all of the above. I declare that I will operate my taxicab permit number <u>275</u> in liance with the above stipulations.
Signature:	John 102/02/09
Departmer	nt Witness: Date: 24109

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

CNA INSURANCE COMPANY EFFECTIVE DATE

10/12/08

YEAR MAKE/MODEL 2004

FORD

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

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

IN CASE OF ACCIDENT: Repor 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 a

ACORD 50 (1/83)

FEB 0 4 2009

SAN TEAMONIX TAXI CONMISSION

AGENCY/COMPANY ISSUING CARD

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

INSURED

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

A Pobin Service Agency

SEE IMPORTANT NOTICE ON REVERSE SIDE

The same of the sa

REGISTRATION CARD VALID FROM: 08/31/2008 TO: 08/31/2009 MAKE YR MODEL YR 1ST SOLD VLF CLASS TYPE VEH *YR TYPE LIC FORD 2004 0000 BH 2006 37X 31 BODY TYPE MODEL MP MO AX WC UNLADEN/G/CGW VEHICLE ID NUMBER ΤX G 2 OM C 03980 TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC COMMERCIAL

01/23/09 38 01/23/09 3

PR/HIST: SALVAGED

PR EXP DATE: 08/31/2009

AMOUNT PAID 15.00

LICENSE NUMBER

1

AMOUNT DUE AMOUNT RECVD

CASH : 15.00

CHCK

תלאכ

SAN FRANCISCO

REGISTERED OWNER

VO JOHN

CA

94143

LIENHOLDER



3450 Geary Blvd, Stc 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

ALCENIE,

FEB 9 4 2339

SAN FRANCIS TAMERY DESCRIPTION

CHANGE OF COLOR	SCHEME - From;	DECHA CAB	TO 7246/ATT
*Forms to submit with this and Color Scheme Chang	s application: Certificate (Of Worker's Compensation, Registration C	ard, Insurance Card, Vehicle Introduction Form
and botor deficine change	- 4	PRINT CLEARLY – COMPLETE EN	
Applicant's Name (First, Middle,			Phone
Residence Address (Street Addr	TAMES /- ess, City, State, Zip)	HOLVORT	1
Joint Applicant's Name (First, Min	ddie, Last)	CT SANTA ROS	A CA 95404
Residence Address (Street Addre	ess, City, State, Zip)		()
Is this a Corporate perm	nit? ☑No ☐ Yes	If yes, Name of Corporation:	
15 40/a a a la a a			
			s name, address and phone number will be.
Business Name Business Phone	Business A	Address (Street Address, City, State, Zip) PONS S. L. VANIA AL Medallion Number(s)	١.
()		Medallion Number(s)	Owner / Operator
415 206-	1908	299	Gas & Gate Long Term Lease
Please describe why yes	torontal Director of		attach additional pages if necessary):
<u> </u>		F DELTA CAB	INSSED HWAY
Executed this <u>29</u>	nder penalty of perjury under penalty of TAR	nder the laws of the State of California th	at the foregoing is true and correct. 2 at San Francisco, California Awms Howald
Executed this 29 DOVALD TAI Print Name of Applicant	day of <u>TAN</u> MES' /-blvon	nder the laws of the State of California the , 20 D E 1 Signature of Applicant	9 at San Francisco, California James Howald
Executed this 29 DOVALD TAI Print Name of Applicant ***********************************	day of <u>TAN</u> MES' /-blvon	nder the laws of the State of California the 20 0, 20 0 Signature of Applicant ED BY ACCEPTING COLOR SCHE	9 at San Francisco, California James Howald
Executed this	day of TAN	nder the laws of the State of California the 200 cm., 200 cm.	9 at San Francisco, California Amos Howard ME ONLY************************************
Executed this 29 DOUALD TAI Print Name of Applicant ***********************************	day of TAN MES' HOLVON TO BE COMPLETE TO Color Scheme Holder: HOLVON TO BE COMPLETE TO COLOR SCHEME HOLDER: HOLVON Son authorized to sign for the	nder the laws of the State of California the , 20 D A COLOR SCHE The Color Scheme Holder for BA	9 at San Francisco, California Amos Howard ME ONLY************************************
Print Name of Applicant Name of person authorized to sign for Robert P. C. I, the Color Scheme Holder / person bereby give consent to the application.	day of TAN MES' HOLVON TO BE COMPLETE TO COLOR Scheme Holder: G170 ENAS son authorized to sign for the eant named to use my color	nder the laws of the State of California the , 20 D A COLOR SCHE The Color Scheme Holder for BA	at San Francisco, California Amos Color Scheme At San Francisco, California ME ONLY************************************
Executed this	day of TAN MES' HOLVON TO BE COMPLETE TO COLOR Scheme Holder: G170 ENAS son authorized to sign for the eant named to use my color	nder the laws of the State of California the 20 D Signature of Applicant ED BY ACCEPTING COLOR SCHE	at San Francisco, California Amos Color Scheme At San Francisco, California ME ONLY************************************
Print Name of Applicant ***********************************	day of TAN MES' HOLVON TO BE COMPLETE TO COLOR Scheme Holder: G170 ENAS son authorized to sign for the eant named to use my color	nder the laws of the State of California the , 20 0 Signature of Applicant ED BY ACCEPTING COLOR SCHE the Color Scheme Holder for scheme. of the State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the foregoing is the color State of California that the color State of California that the foregoing is the color State of California that the color State of Californi	at San Francisco, California Amos Color Scheme At San Francisco, California ME ONLY************************************
Print Name of Applicant ***********************************	day of TAN MES' HOLVON TO BE COMPLETE TO COLOR Scheme Holder: A 120 EN A 1 Son authorized to sign for the laws of perjury under the laws of the l	nder the laws of the State of California the , 20 0 Signature of Applicant ED BY ACCEPTING COLOR SCHE the Color Scheme Holder for scheme. of the State of California that the foregoing is to	at San Francisco, California Ames Ao Ival ME ONLY************************************
Print Name of Applicant ***********************************	day of TAN MES' HOLVON TO BE COMPLETE TO COLOR Scheme Holder: A 120 EN A 1 Son authorized to sign for the laws of perjury under the laws of the l	nder the laws of the State of California the , 20 0 Signature of Applicant ED BY ACCEPTING COLOR SCHE the Color Scheme Holder for Scheme. of the State of California that the foregoing is the constant of the State of California that the foregoing is the scheme Holder *****OFFICE USE ONLY************************************	at San Francisco, California Amount Howard ME ONLY************************************
Print Name of Applicant Name of person authorized to sign for the Color Scheme Holder / person bereby give consent to the application of Color Scheme Holder Sample of Color Scheme Holder Agenda Notice Date	day of TAN MES' HOLVON TO BE COMPLETE TO Color Scheme Holder: A 120 E N A 1 Son authorized to sign for the eant named to use my color y of perjury under the laws of It person authorized to sign for Color **********************************	nder the laws of the State of California the , 20 0 Signature of Applicant ED BY ACCEPTING COLOR SCHE the Color Scheme Holder for scheme. of the State of California that the foregoing is to or Scheme Holder Decision of Taxicab Commission	at San Francisco, California Amos Color Scheme True and correct. Date New Declaration Signed
Print Name of Applicant Name of person authorized to sign for Rolling Color Scheme Holder / person hereby give consent to the application of the color Scheme Holder of the color Sche	day of TAN MES' HOLVON ***TOBE COMPLETE TO Color Scheme Holder: A 120 EN A 1 son authorized to sign for the trant named to use my color y of perjury under the laws of the person authorized to sign for Color **********************************	nder the laws of the State of California the , 20 0 Signature of Applicant ED BY ACCEPTING COLOR SCHE the Color Scheme Holder for Scheme. of the State of California that the foregoing is the constant of the State of California that the foregoing is the scheme Holder *****OFFICE USE ONLY************************************	at San Francisco, California Amelia

	COLOR SCHEIME CHANGE GOES HOMINAIRE
1.	Why are you requesting this color scheme change? DECFA OWNON
	parsed 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 PNo 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 Has Shirts
	1) DA NALD JAMES HOLD FLACKNOWLEDGE that in making this color scheme transfer to Stoulations: 1) DA NALD JAMES HOLD FLACKNOWLEDGE that in making this color scheme transfer to Stoulations:
	 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. \[\textstyle{\mathread{N}P} \]
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	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.
	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.
;	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.
(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. Pg //
7	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.
iave re Il com	ead and understood all of the above. I declare that I will operate my taxicab permit number 299 in pliance with the above stipulations.
gnature	e: Norald Janes Howard Date: 1/29/09
epartme	ent Witness: Date: 2 4 () 9

ECTACAB# 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

IN ISSUE

YEAR

EFFECTIVE DATE

10/12/08

10/12/09

EXPIRATION DATE

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

FEB 0 4 2009

SAN FRANCISCO TAXII 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

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

REGISTRATION CARD VALID FROM: 04/30/2008 TO: 04/30/2009 YR MODEL VLF CLASS MAKE YR 1ST SOLD TYPE VEH TYPE LIC *YR LICENSE NUMBER TOYT 2007 2007 DF 31 2008 32X BODY TYPE MODEL MP MO WC UNLADEN/G/CGW AX VEHICLE ID NUMBER TX PT 2 Q В 02900 TYPE VEHICLE USE CC/ALCO DATE ISSUED 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:

SAN FRANCISCO

CA

94116

CRDT: 1505.00

LIENHOLDER

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,

Dmitry Erenkov Agent/Broker

DIE/cce

RECEIVED

FEB 0 4 2009

SAN FRANCISCO TANI COMMISSION

ion

(2)

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduced and Color Scheme Change Questionnaire. PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Phone (415)	AB duction f
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA 94122 Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? No Permit (Pone	-AL YORK
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA 94122 Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? No Permit (Pone	-AL YORK
Applicant's Name (Frist, Middle, Last) Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA 94122 Joint Applicant's Name (Frist, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? No result of the Taxicab Commission, list what your business name, address and phone number of this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number of this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number of the Susiness Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number of the Susiness Name of Corporation of the Susiness Name of Address, City, State, Zip) Business Address (Street Address, City, State, Zip) Please describe why you would like to change to the above named taxi company (attach additional pages if necessary of the State of California that the foregoing is true and correct executed this 30 day of Farcam 2009 at San Francisco, California State of Applicant WING SEEK TSE Signature of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	· ·
Residence Address (Street Address, City, State, Zip) Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? No Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number Business Name Business Name Business Address (Street Address, City, State, Zip) Business Name Business Address (Street Address, City, State, Zip) Business Phylin Medallion Number(s) Medallion Number(s) Please describe why you would like to change to the above named taxi company (attach additional pages if neconstance of Applicant) (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct contents of Applicant WING SEEK TSE Signature of Applicant Signature of Applicant To BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	/ (
SAN FRANCISCO CA 94/22 Joint Applicant's Name (First, Middle, Last) SAN FRANCISCO CA 94/22 Joint Applicant's Name (First, Middle, Last) Phone (<i>I</i> (
Phone Phon	
Phone Phon	
Is this a Corporate permit? No Pes 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 such as the Policy of the Susiness Address (Street Address, City, State, Zip) Business Andress (Street Address, City, State, Zip) Please Phone (Permit Permit Permi	
Is this a Corporate permit? No Pes 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 such as the Policy of the Susiness Address (Street Address, City, State, Zip) Business Andress (Street Address, City, State, Zip) Please Phone (Permit Permit Permi	
If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number Business Name Business Phone Pay Pew NS Va Ma Pul. S F 9 H O T Wedallion Number(s) Q owner / Operator Gas & Gate Long Term Lease Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary parts of the property of perjury under the laws of the State of California that the foregoing is true and correct We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct Wint SEEK TSE X Signature of Applicant To BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY To	
Business Name Business Address (Street Address, City, Stata, Zip)	
Business Name Business Address (Street Address, City, Stata, Zip)	
Business Phohe Gas & Gate August	er will be
While Stek TSE Women / Operator Gas & Gate Long Term Lease Company (attach additional pages if necessary) (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 Francisco, California that the foregoing is true and correct executed this WINIG Stek TSE Signature of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY************************************	
While Stek TSE Women / Operator Gas & Gate Long Term Lease Company (attach additional pages if necessary) (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 Francisco, California that the foregoing is true and correct executed this WINIG Stek TSE Signature of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY************************************	
Please describe why you would like to change to the above named taxi company (attach additional pages if necessary party of perjury under the laws of the State of California that the foregoing is true and correct executed this 30 day of Timeram , 2009 at San Francisco, California Name of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Please describe why you would like to change to the above named taxi company (attach additional pages if necessary party of perjury under the laws of the State of California that the foregoing is true and correct executed this 30 day of Timeram , 2009 at San Francisco, California Name of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
(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 Venceum , 2009 at San Francisco, California WING SEEK TSE Signature of Applicant Signature of Applicant	
Executed this 30 day of Vincenty, 2009 at San Francisco, Californ WING SEEK TSE X WIND Self Tee Signature of Applicant Signature of Applicant Signature of Applicant	
Executed this 30 day of Vincenty, 2009 at San Francisco, Californ WING SEEK TSE X WIND Self Tee Signature of Applicant Signature of Applicant Signature of Applicant	-1
Tint Name of Applicant Signature of Applicant	
rint Name of Applicant Signature of Applicant ***********************************	nia
ame of person authorized to sign for Color Scheme Holder:	
	·
KOGER CARDENAS MGR.	
11/9/6	
the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	
reby give consent to the applicant named to use my color scheme. Taxicab Color Scheme	
· ·	
ertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Xpy Coulins 12000 DAG	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date	
and the state of t	
Pds Notice Date	estage.
Treating Date Decision of Taxicab Commission New Declaration Signed	et org.
ker's Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted Photos Submitted	4
elved by: Date Receipt No. Amount Vol. (1) Date Date CONTROL	4

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?
	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.
	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.
	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.
ţ	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.
6	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.
7	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.
ave re I com	ead and understood all of the above. I declare that I will operate my taxicab permit number $\frac{1/28}{}$ in pliance with the above stipulations.
nature	e: + Witness: A71111. Date: 01/30/09. Date: 02/04/09
	ent Witness: A71111

CAB# 1128

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

POLICY NUMBER

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

MAKE/MODEL

MERC

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

ENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES 32107 W. LINDERO CANYON RD #126

WESTLAKE VILLAGE, CA 91361

INSURED

YEAR

2005

DELTA CAB # 1128 1340 25TH ST

SAN FRANCISCO, CA 94107

FEB 0 4 2004

SAN FRANCISCO

TAXI COMMISSION

To your Agent/Company as soon as p Obtain the following information:

VEHICLE AND PRESENTED UPON DEMAND

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

THIS CARD MUST BE KEPT IN THE INSUR

IN CASE OF ACCIDENT: Report all acr

2. Name of Insurance Company and policy

的语句 医神经检查者

YR MODEL MAKE

YR 1ST SOLD 0000

BK

*YR

TYPE VEH 37X

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

LICENSE NUMBER

MERC

MO

WC

VLF CLASS

2007

31

BODY TYPE MODEL

MP G

ΑΧ 2

UNLADEN/G/CGW

TX

QN

PR/HIST: SALVAGED

03920

PIC

3

VEHICLE ID NUMBER

TYPE VEHICLE USE COMMERCIAL

DATE ISSUED 02/03/09

CC/ALCO 38

DT FEE RECVD 02/03/09

PR EXP DATE: 08/31/2009

AMOUNT PAID

15.00

REGISTERED OWNER

BAY CAB

999 PENNSYLVANIA AVE

AMOUNT DUE

AMOUNT RECVD

SAN FRANCISCO

CA

94107

LIENHOLDER

CASH: CHCK CRDT

F00 020309 31 8K43385 805 0022 CM 0001500 F00 503 03



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,

Dmitry Erenkov Agent/Broker

DIE/ece

RECEIVED

FEB 0 4 200)

SAN FRANCISCO MAI COMMISSION

		/	San Francisco Taxicab Commission
CHANGE OF COLOR SCHEME - F	rom: <u>//</u> _/	17-611/5 To:	13A4 (HZ
*Forms to submit with this application: Cer	tificate Of Worker's Comp	ensation, Registration Card, In	surance Card, Vehicle Introduction Form (2)
and Color Scheme Change Questionnaire.	FASE PRINT CLEARI	Y – COMPLETE ENTIRE	FORM
Applicant's Name (First, Middle, Last)	·	- COM LETE ENTRY	Phone
1			Friorie
Residence Address (Street Address, City, State, Zip)			. , , - ,
		0 . 00	2016-
Joint Applicant's Name (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·	ICITY Ca 94	Phone
	/		()
Residence Address (Street Address, City, State, Zip)			
Is this a Corporate permit? 🗓No 👚	☐ Yes If yes, Name of	Corporation:	
If this color scheme request is granted	by the Taxicab Commission	n, list what your business nam	e, address and phone number will be.
Business Name	Business Address (Street Addr	ess, City, State, Zip)	
BAY CHES	999 POWN 59	LUANIA AU.	SF 94/01
()	Medallion Numbe	r(s)	Owner / Operator
415-206-1900	P / 0	/ /	Gas & Gate
7/0/3/00/1900		/ /	Long Term Lease
Please describe why you would like to	change to the above	named taxi company (attac	ch additional pages if necessary):
			, ,
DELTA CAR DWA.	on PactA	VED AWAY	
	/	· ()	·
	· · · · · · · · · · · · · · · · · · ·		
		**************************************	V/0 FAMILY
I (We) certify (or declare) under penalty of	narium under the laws of	tha Stata of California that th	o foregoing in two and some at
		~ ~	
Executed this <u>30</u> day of	JAN,	, 20 <u><i>() 9</i></u>	at San Francisco, California
D-			
Print Name of Apolicant		Signature of Applicant	Kee
- ппса ч ате от друпсант		Signature of Applicant	•
**************************************	OMPLETED BY ACCE	PTING COLOR SCHEME	ONLY**************
Name of person authorized to sign for Color Scheme F	lolder:	American (1977)	Title:
KOGEN (1A)	DENA		M6R.
, , , , , , , , , , , , , , , , , , , ,	-		7 2
, the Color Scheme Holder / person authorized	to sign for the Color Scheme	Holder for	Taxicab Color Scheme
nereby give consent to the applicant named to u	se my color scheme.		Taxicab Color Screme
certify (or declare) under penalty of perjury und	er the laws of the State of C	alifornia that the foregoing is true	and correct.
\mathcal{I}			
- Xon Counter		_ /-3	50-09
Signature of Color Scheme Holder / person authorize	d to sign for Color Scheme Holder	`	Date
******	******	CE/OU 1/4+++++++	
Agenda Notice Date Hearing Da	A. 45	SE ONLY************************************	New Declaration Signed
Vorker's Comp Submitted Insurance		Paint Chips Submitted	
			Photos Submitted
Received by: Dantile	eceipt No.	Amount WANTA	Date
lpdated: July 23, 2008, G:\Forms & Templates\Applica	tions & Driver Info sheets\Colors	chemeApplication.doc	WALL TO MANAGE THE STATE OF THE
		- In the second of the second	Service Control

1.	Why are you requesting this color scheme change?
	Owen Passawed 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 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 car 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. Shifte
	I, RICHARD LEE, acknowledge that in making this color scheme transfer to
	TSAY CA13 , I will operate my medallion # (01) 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.
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	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.
	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.
	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.
	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.
	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.
l have r full con	read and understood all of the above. I declare that I will operate my taxicab permit number (O\) in inpliance with the above stipulations.
Signatu	re: Rohard See Date: 1-30-09
Departn	nent Witness: Date: 1-30-04 Date: 214 09

SAN FRANCISCO TAXII COMMISSION

VEHICLE AND PRESENTED UPON DEMAND

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

POLICY NUMBER EFFECTIVE DATE IN ISSUE

10/12/08

YEAR 2003

MAKE/MODEL FORD

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

ENCY/COMPANY ISSUING CARD

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

INSURED

DELTA CAB # 1017 1340 25TH ST SAN FRANCISCO, CA 94107 IN CASE OF ACCIDENT: Report all To your Agent/Company as soon a Obtain the following informatic

THIS CARD MUST BE KEPT IN THE 11

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 TX G PU 2 C 04000

VEHICLE ID NUMBER

142.00

TYPE VEHICLE USE DATE ISSUED COMMERCIAL 07/08/08

CC/ALCO 41

DT FEE RECVD PIC 07/08/08 9

STICKER ISSUED

142.00

PR/HIST: TAXI REGISTERED OWNER

PR EXP DATE: 07/31/2008 AMOUNT PAID

LEE RICHARD 10 N MAYFAIR AVE

AMOUNT DUE AMOUNT RECVD

142.00 CASH :

CHCK: CRDT :

DALY CITY CA 94015

LIENHOLDER

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,

Dmitry Erenkov Agent/Broker

DIE/ece

ZECENE)

FEB 04 (05)

SAN FRANCIS (Y) MAI COMMISSION

San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: DECTA 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) Residence Address (Street Address, City, State, Zip) Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? No ☐ Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Business Address (Street Address, City, State, Zip) 206-1908 Gas & Gate ☐ Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary): Owner 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 at San Francisco, California Print Name of Applicant ARDENAS I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Scheme Holder / person authorized to sign for Color Scheme Holder 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

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 cal 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 SFits
	BAY CHS , 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 way of the reports and found property
	will be turned in at the company premises at the conclusion of each shift. 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme folder and may also contain the name of a driver holding a lease which complies with the three layer rule.
	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.
	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 Unave taken time to educate myself about those provisions so that I fully understand and comprehend them.
	6. If I received my permit after 1978, I will comply with the 800 hours of 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
	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.
have re ull com	ead and understood all of the above. I declare that I will operate my taxicab permit number <u>/235</u> in upliance with the above stipulations.
ignatur	e: 1/30/09.
epartm	ent Witness: Date: 240

1235

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

10/12/09

10/12/08 MAKE/MODEL

TOYOTA

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

YEAR

2006

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

FEB 0 4 200)

SAM FRANCISCO TAXI COMMISSION

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

> IN CASE OF ACCIDENT: Repor 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 as number for each vehicle inve

MAKE YR MODEL TOYT 2006	701 0000	VLF CLASS *YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
BODY TYPE MODEL TX	MP MO AX G QM 2	WC UNLADEN/G/CGW C 03200		VEHICLE/	VESSEL ID NUMBER
TYPE VEHICLE/VESSEL USE COMMERCIAL	DATE ISSUED 01/14/09		EE RECVD PIC 14/09 O		

RDF REASONS: F

JAMALLY AMIN HAMDI

DALY CITY

AMOUNT PAID

296.00

EXP DATE: 10/31/2008

HIST: SALVAGED

599 35 0029600 0003 CS 011409

3450 Geary Blvd, Stc 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

The second secon

FEG 0 4 200)

CONTRACTO STATE

CAZI COMMISSION

*Forms to submit with this and Color Scheme Change Applicant's Name (First, Middle,	s application: Ce e Questionnaire.	rtificate Of Morkayla C	ompensation, Registration	10;	and the same of th
Applicant's Name (First, Middle,		. mileare of Holler 2 C	VIIIDERSAUDII, REDISTIATI		15199 CMS
	, P.		ARLY - COMPLETE		
W 1	Last)				
Residence Address (Street Addre	C.	CHING			Phone 200 200
The second of th	ess, City, State, Zip,		1 × 1	040	,
Joint Applicant's Name (First, Mic	-	DALY	CITY CF	+ 940	14-
Pour Applicant 5 Hairie (First, Mic	adie, Last)			·	Phone
Residence Address (Street Addre	ess, City, State, Zip)		oo 1		
Same of the control of		purchage and a second of the second of		•	And the second s
Is this a Corporate perm	nit? ⊠No	☐ Yes If yes, Nam	e of Corporation:		
If this color scheme req	uest is granted i	by the Taxicab Commi	ssion, list what your bus	ness name an	dress and phone number will be.
Business Name		Business Address (Street A			diess and phone number will be.
BAY CAT	3	GOG Parlat	Confess, City, State, Zipj	سر مسے ا	C W LAND
3usiness Phone		Medallion Nui	Sylvania K	W. >/	94/01
Wit soc .		i	1 20		□ Owner / Operator
115 20679	108		909		Gas & Gate
			<u>.</u>	<u> </u>	Long Term Lease
111111111111111111111111111111111111111					
(We) certify (or declare) un	der penalty of n	erium under the lave	of the Cinter of Contract		
(We) certify (or declare) un xecuted this $_{-29}$	nder penalty of p	erjury under the laws			
(We) certify (or declare) un executed this	day of	nerjury under the laws		0 9 at S	an Francisco, California
xecuted this <u>29</u>	der penalty of p day of CHING	erjury under the laws		09 at Si	an Francisco, California
Xecuted this	CHING	TAN,	, 20 Cun Signature of Applican	09 at So Chin	an Francisco, California
xecuted this	CHING ***TO BE COI	MPLETED BY AGG	, 20_ 	09 at So Chin	an Francisco, California
int Name of Applicant ***********************************	CHING TO BE CONTROL COLOR Scheme Hole AREA AREA AREA AREA COLOR	MPLETED BY ACC	Signature of Applicar	09 at Si Chin it (an Francisco, California
ixecuted this	CHING TO BE CONTROL	WPLETED BY ACC der: DEWAJ sign for the Color Schen	Signature of Applicar	09 at Si Chin it (An Francisco, California Y********* M & Q ,
ixecuted this	TO BE COINT COLOR Scheme Hole Son authorized to the count named to use	WPLETED BY ACC der: DENTY sign for the Color Schen my color scheme.	Signature of Applican EPTING COLOR So	at Si Chin ht (HEME ONL Tit	Y*************************************
ixecuted this	TO BE COINT COLOR Scheme Hole Son authorized to the count named to use	WPLETED BY ACC der: DENTY sign for the Color Schen my color scheme.	Signature of Applican EPTING COLOR So	at Si Chin ht (HEME ONL Tit	Y*************************************
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1.	Why are you requesting this color scheme change? <u>Delta owern die</u>
× 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 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 VONO If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car 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? / O Hrs shift
	I,
	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. C C C C
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	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.
	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.
	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.
	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.
	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.
i have re full com	ead and understood all of the above. I declare that I will operate my taxicab permit number <u>1009</u> in pliance with the above stipulations.
Signatur	re: Kin c ching Date: 1/30/09
Departm	nent Witness: Date: 2409

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

POLICY NUMBER

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE 10/12/08

MAKE/MODEL

YEAR 2004

FORD

VEHICLE IDENTIFICATION NUMBER

EXPIRATION DATE

10/12/09

AGENCY/COMPANY ISSUING CARD

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

INSURED

DELTA CAB # 1009 SFITA 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

FEB 0 4 23 19

SAM PRANCISCO TAXE COMMISSION

IN CASE OF ACCIDENT: Report To your Agent/Company as soon as 1 Obtain the following information:

THIS CARD MUST BE KEPT IN THE INSU

VEHICLE AND PRESENTED UPON DEMAND

- 1. Name and address of each dri passenger and witness.
- 2.Name of Insurance Company an number for each vehicle invo

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BODY TYPE MOD	EL	MP	MO	AX	WC	UNLADEN	I/G/CGW					VEHICLE ID	NUMBER
TX		G	ΡY	2	C	039	60						
TYPE VEHICLE USE			DATE ISSUED		CC/ALCO		DT FEE F		PIC			STICKER	ISSUED
COMMERCIAL			11/21/08		4 5.		11/06	/08	9				
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						\$	132.00	CASH	:				
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LIENHOLDER

CA

S SAN FRAN

94080

CRDT:

132.00

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,

SAN FERNI TAM COMPANS CH

FEB 04 ...

Dmitry Erenkov Agent/Broker

DIE/ece

San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: DE/177 *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) DARYOUSH - AMIREM SANTARESIGNER 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? \(\overline{\mathbb{N}} \) No ☐ Yes If yes, Name of Corporation: If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Business Address (Street Address, City, State, Zip) YNSULVANIA AU Medailion Number(s) Business Phone 45=206-1908 ☐ Gas & Gate ☐ Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary): DELTA CABENER PASTAUCY I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. day of at San Francisco, California *******TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*************************** I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under genalty of perjury under the laws of the State of California that the foregoing is true and correct. ne Holder / person authorized to sign for Color Scheme Holder 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

1.	Why are you requesting this color scheme change? <u>DELTACAB ONER PAST</u>
	DAST the NAY
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 5. 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, DARYOUS H-AMREHEACKNOWLEDGE that in making this color scheme transfer to
	stipulations: / I will operate my medallion # 378 in compliance with the following
	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.
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	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.
	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.
	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.
	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.
	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.
i have r	read and understood all of the above. I declare that I will operate my taxicab permit number <u>3 79</u> in operate with the above stipulations.
Signatu	re: <u>D. Jackson</u> Date: 1-3-09
Departm	re: <u>D_functions</u> Date: <u>/- 3- 0 9</u> Date:
1	

378

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER POLICY NUMBER

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08 MAKE/MODEL

TOYT

EXPIRATION DATE

10/12/09

VEHICLE IDENTIFICATION NUMBER

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

AGENCY/COMPANY ISSUING CARD

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

INSURED

YEAR 2004

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

The Carlot of the Control

FEB 9 4 2009

SAN FRANCISCO PAXI COMMISSION

IN CASE OF ACCIDENT: Repor 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 as number for each vehicle invi-

12/31/2008 TO 12/31/2009 LICENSE HUMBER TYPE OML SĂLVAGED

VEHICLE (DENTIFICATION AND DESCRIPTION DATE FIRST SOLD BODY TYPE MODEL TX 2004 ВН 2008 00/00/2003 DATE ISSUED \$141 03160 2 C 01/03/2009 0100

OWNER

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DELTA CAB CO Amirehsani daryoush

CA 94555-2011 PREMUNT



STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES VALIDATED REGISTRATION CARD W0024 R0055

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 Plats

3450 Geary Blvd, Ste 100 San Francisco, CA 941.18 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,

FEB 0 4 2000

SAN FRANCISCO FAXE COMMISSION

Dmitry Erenkov Agent/Broker

DIE/ece