

Taxis, Access & Mobility Services Division

COLOR SCHEME DISPATCH AFFILIATION FORM

| TO BE COMPLETED BY COLOR SCHEME- PLEASE PRINT CLEARLY | | |
|--|--|----------------------------|
| Color Scheme Manager Name (First, Last): | | Direct Phone: () |
| Color Scheme Name: | | Business Phone: () |
| Business Address (Street Address, City, State, Zip): | | |
| | | |
| DISPATCH COMPANY AFFILIATION – TO BE COMPELETED BY COLOR SCHEME Name of Dispatch Service: | | |
| Name of Dispatch Service. | | |
| Address of Dispatch Location: (Street Address, City, State, Zip): | | |
| | | |
| Business Phone: () | Dispatch Phone: | |
| I,, the person authorized to sign for the Color Scheme Print Name of Authorized Person of Color Scheme | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that | | |
| | | |
| is affiliated with | | |
| Name of Color Scheme Name of Dispatch Service | | |
| | | |
| Signature of Authorized Person | Title Date | |
| TO BE COMPLETED BY THE DISPATCH COMPANY Name of Dispatch Service: Address: | | |
| | | |
| I,, the person authorized to sign for the Dispatch Service | | |
| Print Name of Authorized Person of Dispatch Service hereby give consent to the color scheme named to use this dispatch service. | | |
| | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that | | |
| | | |
| is affiliated with | | |
| Name of Color Scheme Name of Dispatch Service | | |
| | | |
| | | |
| Signature of Authorized Person | Title Date | 9 |
| SFMTA TAXI SERVICES OFFICE USE ONLY Date Received: Received By: | | |
| | | rev. 2.18.202 |
| San Francisco Municipal Transportation Agency 1 So | uth Van Ness Avenue, 7th Floor San Fra | ncisco, CA 94103 SFMTA.com |