

Taxis, Access & Mobility Services Division

2021 ANNUAL PERMIT RENEWAL Worker's Compensation Declaration Sworn Statement

independent contractor mandated by the State Compensation" are so covered. I further declar	(circle one) Color Scheme or Dispatch Service, I der this Color Scheme, whether as employee or an of California, to be covered by "Worker's re that all owners, agents and officers are in compliance tion laws pertinent to the operation of San Francisco
compliance with appropriate California and City driver licenses, all pertinent rules adopted by th (SFMTA) Taxi Services, SFMTA Rules and Regula	cle one) Color Scheme or Dispatch Service permit are in y and County of San Francisco laws pertaining to proper e San Francisco Municipal Transportation Agency ations, all applicable San Francisco Municipal Police Code nia Workers Compensation Regulations and all other e to the operation of a taxicab.
I certify under penalty of perjury under the laws above is true and correct.	s of the State of California that the information provided
state: No Color Scheme or Dispatch Service Permit shafollowing documents by May 1 of each year: Copy of current San Francisco Business Licen Completed Designated Manager Form(s) (inc Color Schemes: Current list of all affiliated Designated Excel format) Dispatch Services: Current list of all affiliated Compliant insurance certificates demonstration Article for every vehicle and Medallion affiliated Copy of company drug-free workplace policy	cluded) rivers, Medallion Holders and type of Lease for each Color Schemes (provided in the required Excel format) ing compliance with the insurance requirements of this ted with the Color Scheme
	t It conforms to SFMTA requirements for Drivers and ergencies, and file an updated emergency plan annually
County of San Francisco.	20, within the City and
Authorized Signature	Title
RECEIVED BY:	DATED:
San Francisco Municipal Transportation Agency 1 Sou	th Van Ness Avenue. 7th Floor San Francisco. CA 94103 SFMTA.co