



Taxis, Access & Mobility Services Division

COLOR SCHEME CHANGE APPLICATION FORM

Change Of Color Scheme - From: _____ To: _____

The following **MUST** be submitted with this application to the SFMTA: **Proof of Auto Liability Insurance; Vehicle Registration Card; Vehicle Introduction Forms; and the Questionnaire on the back of this application.**

Medallion Holder's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Second Medallion Holder's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate Permit? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes, Name of Corporation:	

Color Scheme Information: Print the requested information for the color scheme you want to change to:			
Color Scheme Name		Address (Street Address, City, State, Zip)	
Color Scheme Phone ()	Medallion #(s)	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

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 on _____, 20____ at San Francisco, California.

Signature of Applicant

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

*****OFFICE USE ONLY*****				
Notice Date:	SFMTA DTAS Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Effective Date:	
Received By:	Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:	VIF: <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt #:	Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No Notice Letter Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Date:



SFMTA

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COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? _____

2. 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

3. 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 provide a copy to SFMTA Taxi Section upon request.

4. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply fulfill the full-time driving requirement? _____

I acknowledge that in making this color scheme transfer to _____, I will operate my medallion # _____ in compliance with the following stipulations (initial after each statement below):

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, (3) is listed on the driver's roster for the taxicab company with which I am associated, and (4) complies with all applicable driver training requirements established by the City and County of San Francisco and the SF Paratransit Broker. _____
5. The vehicle will be operated in accordance with all provisions of the SFMTA Transportation Code and the SFMTA DTAS 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, Transportation Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and SFMTA Taxi Section Rules and Regulations. _____

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

Signature: _____ Date: _____

Department Witness: _____ Date: _____