Taxis, Access & Mobility Services Division

A-Card Form
(New and Renewal)

PRINT LEGIBLY

A-Card # (only for Renewing)

First and Last Name:

Enter name as printed on the California Driver's License

Address (# P.O Box): _____

Street Apt#/Unit#

City State Zip

Phone Number: _____

Birthdate:

(MM/ DD/ YYYY)

CA Driver's License (CDL) NO: _____ _____

CDL# Expiration Date:

Are you a Medallion Holder? ☐NO ☐YES- Med # _____

Email Address:

Color Scheme: _____

Native Language: _____

☐ Check if you would like to receive information regarding the taxi industry.

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San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic | Taxis, Access & Mobility Services Division
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