SFMTA

Taxis, Access & Mobility Service Division

TAXICAB DISPATCH APPLICATION

☐ NEW DISPATCH ☐ CHANGE OF DISPATCH – From:_____To:_____

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)	New Dispatch Phone# ( )
Reason for change: _____ _____ _____, _____ _____ Signature of Authorized Person Title Date	

TO BE COMPLETED FOR NEW DISPATCH COMPANIES ONLY	
Address of Dispatch Location: (Street Address, City, State, Zip)	
Business Number: ( )	Dispatch Number: ( )
Will your new dispatch company agree to be in compliance with the SFMTA DTAS Rules and Regulations? ☐ Yes ☐ No	

TO BE COMPLETED BY THE ACCEPTING DISPATCH COMPANY FOR CHANGE OF DISPATCH ONLY	
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 applicant named to use this dispatch service. 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 Authorized Person Title Date	

OFFICE USE ONLY			
Notice Date	Hearing Date	SFMTA DTAS Decision: ☐ Approved ☐ Denied	Date
• Received by:	• Receipt No.	Amount	

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