



Taxis, Access & Mobility Services Division

New Color Scheme Permit Application

Name of New Color Scheme:	
Color Scheme Business Address (Street Address, City, State, Zip)	
Mailing Address if different from above:	
Applicant Name:	
Email Address:	Phone:
Applicant Residence Address (Street Address, City, State, Zip)	
Mailing Address if Different from Above:	
New Color Scheme Business Phone: ()	Dispatch Phone: ()
Color Scheme Fax: ()	Color Scheme Email Address:
<p>COLOR SCHEME PERMIT COMPLIANCE CHECKLIST (please submit requirements and check mark for completeness).</p> <ol style="list-style-type: none"> 1. Color Scheme Permit Applicant has submitted a Business Operation Plan. The Business Operation Plan will include a description how the Color Scheme will benefit public Service in San Francisco: <input type="checkbox"/> 2. Color Scheme Permit Applicant has provided SFMTA with high resolution copies of color photographs of proposed Color Scheme Trade Dress. <input type="checkbox"/> 3. Color Scheme Permit Applicant must participate in and operate subject to and in compliance with the regulations of the SFMTA's Paratransit Program: <input type="checkbox"/> 4. In Taxi Equipment Vendor meets SF Paratransit Debit Card First Article Test Requirements: <input type="checkbox"/> 5. All Medallion Holders affiliated with Color Scheme use the same Dispatch Service: <input type="checkbox"/> 6. Name of Dispatch Service Color Scheme is affiliated with: _____ 7. New Color Scheme location has working bathrooms and facility for the use of drivers to wash taxi vehicles free of charge: <input type="checkbox"/> 8. Applicant agrees not to accept and/or allow other staff to accept or solicit gifts, gratuities or anything of value from any Driver, other than Gate Fees, Lease Fees, and payments for goods actually received: <input type="checkbox"/> 	



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I, _____, the person authorized to sign for the Color Scheme
Print Name of Authorized Person

I will abide by and comply with all SFMTA rules and regulations.

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

For SFMTA Staff:

Color Scheme Permit Applicant has filed the following documents:

- Staffing plan that conforms to Sec. 1106(h)(1)-(4)
- General Liability Insurance documentation
- Worker's Compensation documentation
- Records Maintenance Plan
- Vehicle Maintenance Plan
- Parking Plan
- Color Scheme conforms to SFMTA's reduced emissions program
- Copy of current City business license
- Designated manager form
- Copy of company drug-free workplace policy
- Sworn statement attesting to compliance with Article 1100
- List of medallions that will be affiliated with Color Scheme
- Color Scheme Change Application for each medallion

SFMTA TAXI SERVICES OFFICE USE ONLY

Date Received:	Date of Review:	SFMTA DTAS Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Received by:	Date of Inspection:	Taxi Services Staff Reviewer: