



# Taxis, Access & Mobility Services Division

## DISPATCH SERVICE WORKER'S COMPENSATION DECLARATION

On behalf of \_\_\_\_\_ Dispatch Service Company, I hereby declare that all individuals working for or operating under this Dispatch Service, who are mandated by the State of California to be covered by "Worker's Compensation" insurance are so covered. I further declare that all owners, agents and officers are in compliance with all State of California Workers' Compensation laws pertinent to the operation of San Francisco Taxicabs.

Further, I and all those operating under this Dispatch permit are in compliance with appropriate California and City and County of San Francisco laws pertaining to proper driver licenses, all pertinent rules adopted by the San Francisco Municipal Transportation Agency (SFMTA) Taxi Services, SFMTA Rules and Regulations, all applicable San Francisco Municipal Police Code sections, all California Vehicle Codes, all California Workers Compensation Laws and Regulations, and all other pertinent local, state and federal laws applicable to the operation of a taxicab.

I certify under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

I have enclosed a copy of the following forms (all forms below must be included):

- Copy of current San Francisco Business License
- Completed Designated Manager Form
- List of all affiliated Color Schemes

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, within the City and County of San Francisco.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED IN PERSON TO THE SFMTA TAXI SERVICES**

<b>OFFICE USE ONLY</b>	
RECEIVED BY: _____	DATED: _____