



Taxis, Access & Mobility Services Division

2021 Designated Manager(s) Form

I _____, am the designated manager of _____
First and Last Name circle one: Color Scheme or Dispatch Service Name

1. Per San Francisco Transportation Code Section 1106(d), all Color Schemes shall maintain a principal place of business, with the capacity to receive deliveries during business hours, and to send and receive documents and electronic correspondence at all times, and the street address, telephone number(s) and/or electronic address(es) for documents and correspondence must be provided to the SFMTA.

Business Office Address:

Street address City State Zip

2. Per San Francisco Transportation Code Section 1106(f), every Color Schemes shall maintain a current listing, including the name of the company and telephone number, with the San Francisco directory assistance (411) and the City's 311 system, and on the SFMTA website.

Contact Information:

Business phone number: _____ Fax Number: _____

Business email address: _____

3. Read and initial to the left if you agree and understand each statement:

_____ I understand that my status as a designated manager, does not qualify me as a "Key personnel" as defined by TC§1106(g)(3), for purposes of modifying the driving requirement.

_____ I declare that I hold no permits issued by the SFMTA Division of Taxi Services that have been suspended or revoked by the SFMTA in the past five years.

_____ I agree to serve as the official agent and agent for service of process for the color scheme.

_____ I agree to accept service of process for all correspondence from the SFMTA Taxi Services sent to my business address.

_____ I agree to comply with all provisions of the SFMTA Transportation Code, Municipal Police Code, all California Vehicle Codes, all California Workers Compensation Regulations and all other pertinent local, state and federal laws applicable to the operation of a taxicab.

_____ I have read and understand TC§1106(g) which outlines the rules and regulations for listing the above as a designated manager(s).

I _____ have read and understand all of the above statements
Print Full Name

and declare under penalty of perjury under the laws of the State of California that the information provided on this form are true and correct.

Executed on _____ in San Francisco, California.
Date

Signature

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____