



# Taxi, Access & Mobility Services Division

## RAMP MEDALLION APPLICATION FORM

Applicant Name (First, Middle, Last)				
Residence Address (Street Address, City, State, Zip)				
Mailing Address (If different than residence address)				
Primary Phone Number: (     )		Secondary Phone Number: (     )		Email:
Hours Available at this Number:		Hours Available at this Number:		
Last 4 digits of Social Security Number:		Other name(s) used:		
California Driver's License Number and Expiration Year:		Date of Birth:	Place of Birth: (City, State, Country):	
Gender	M / F	Height	Weight	Eye Color
Hair Color				
List all San Francisco Color Schemes for which you are currently driving:				
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not a U.S. citizen, please provide your Permanent Resident (Green) Card Number (Form I-90):		
Do you currently hold a valid San Francisco Driver Permit (A-Card)? <input type="checkbox"/> No <input type="checkbox"/> Yes				
What date was your Driver Permit (A-Card) issued: _____ Driver Permit (A-Card) Badge Number: _____				
Is this your original Driver Permit (A-Card) Badge Number?				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No - If not, what was your original Driver permit (badge) number and what year was it issued to you?				
Original Driver Permit (A-Card) Badge number: _____ Date of Issue: _____				
Has your Driver Permit ever been suspended, revoked or allowed to expire? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, explain the circumstances of suspension, revocation or expiration, including dates:				
Do you hold or have you ever held any <u>other</u> permits issued to operate a motor vehicle for hire either in the City and County of San Francisco <u>or elsewhere</u> ? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, list the type of permit(s) and the name of the entity that issued the permit(s):				
Have you ever been a San Francisco taxi medallion holder? <input type="checkbox"/> No <input type="checkbox"/> Yes: Please list Medallion number(s) _____				
If you answered 'Yes' to the previous question, was the medallion permit ever revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, please explain the circumstances of medallion revocation:				
Do you have a current ramp taxi training certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If you answered 'Yes' to the previous question, please provide a copy of the certificate.				
List any employment for last five years other than driving a San Francisco taxi (List most recent first, attach additional pages if needed)				
From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Are you currently or have you ever been an employee of the SFMTA?  No  Yes If yes, provide the date(s) you were employed and position(s) held (attach additional pages if necessary):

Have you ever been convicted of, or plead guilty or No Contest to any crime?  No  Yes  
If yes, please provide the information requested below. Attach additional pages if needed.

**Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.**

Offense	Date	Place of Arrest	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Is your eyesight impaired?**  Yes  No

*Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.*

**Is your hearing impaired?**

Yes  No

**Are you aware of any physical, emotional or medical condition(s) that would prevent you from operating a motor vehicle safely for at least four hours per day?**  No  Yes, if yes describe the condition:

**Do you have any chemical dependency, including but not limited to alcoholism or addiction to illegal or prescription drugs that would affect your ability to safely operate a vehicle?**  No  Yes, if yes, please explain:

**PROVIDE THE NAME OF THE COLOR SCHEME WHERE THIS MEDALLION WOULD BE OPERATED AND INTENDED MANNER OF OPERATION:**

INTENDED FORM OF BUSINESS OPERATION AT THAT COLOR SCHEME:

Gas & Gate  Long Term Lease

I have driven a San Francisco taxicab for four out of the last five years and I meet the Full-Time Driving requirement as defined in to Transportation Code Section 1104(c)(3). \_\_\_\_\_ (Initial here)

During each calendar year I will actively and personally engage as a Full-Time Driver under any permit issued to me in accordance with regulations adopted by the San Francisco Municipal Transportation Agency Board of Directors. \_\_\_\_\_ (Initial here)

I agree that I will operate my San Francisco Taxi Medallion in compliance with state and federal law, San Francisco ordinances, San Francisco Paratransit Program rules and regulations and any regulations adopted now or in the future by the San Francisco Municipal Transportation Agency Board of Directors. \_\_\_\_\_ (Initial here)

I certify and declare under penalty of perjury that the information submitted on my application is true and correct to the best of my knowledge and belief. I understand that any false or incomplete information provided by me as part of this Application, may be considered cause to either deny the requested permit or **revoke** the permit if granted. \_\_\_\_\_ (Initial here)

\_\_\_\_\_  
Signature of Applicant Executed on \_\_\_\_\_, 20

### OFFICE USE ONLY

Received by:	Notice Date:	Date Received:
Live Scan Form submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Date:	
Met Minimum Paratransit Trip Requirement: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____		PCC Recommendation: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended