



Taxicab Company Permit Application

Marin Taxicab Regulation Program

(a program of the Marin General Services Authority)

Address: 900 Fifth Avenue #100, San Rafael, CA 94901

(NOTE: There is an MGSA drop box at the rear entrance to 900 Fifth Avenue from the back parking lot for application materials.)

Phone: 415-446-4428 x2

E-mail: bbrown@marinjpas.org

Website: maringeneralservicesauthority.com

INSTRUCTIONS FOR **NEW** TAXI COMPANY PERMIT APPLICANTS

Before submitting your application materials, you must complete the following:

- MGSA TAXICAB COMPANY APPLICATION FORM:** Complete and sign the attached application form (also available online at: [Company Application](#)).
- COMPLETED LIVE SCAN FINGERPRINTING**
 1. Take the attached Request for LiveScan Service form (available in the [Company Application](#)) to a LiveScan location, pay their service fee and be fingerprinted (for list of locations in Marin see <https://oag.ca.gov/fingerprints/locations?county=Marin>).
 2. Submit completed LiveScan and receipt with application.

WHAT YOU WILL NEED TO SUBMIT:

- Completed MGSA Taxicab Company Permit Application Form**
- Proof of the Company's Automobile Liability Insurance** (minimum combined single limit of \$350,000 for injury or death of persons in the same accident and for injury or destruction of property resulting from the operation or maintenance of any taxicab operated by the Company *including an endorsement for additional insureds of the MGSA, its officers, appointed officials, employees and agents*. Example of required wording on Certificate of Liability Insurance is attached and available in the [Company Application](#)).
- Proof of the Company's Worker's Compensation insurance** (for Companies with employees)
- A copy of the Company's Rates of Fare for taxi services**
- A copy the Company's Drug and Alcohol Policy**, which must at a minimum state that employment of any driver is conditioned upon an acceptable drug and alcohol test.
- A description of the Company's Safety Education and Training Program**
- A description of the Company's Disabled Access Education and Training Program** (for example, see: <http://www.tlpa.org/news/adanotice.pdf>)
- An original CA Driver License**
- Completed LiveScan form and receipt**
- \$1,000 application fee (check, money order or cashier's check made out to "MGSA" – please make sure the taxi company name is on the check).**

[Note: For new company permits issued mid-year, application fee will be prorated to the end of the year – pay the amount on the invoice or check with MCTRP staff.]

INSTRUCTIONS FOR TAXI COMPANY PERMIT RENEWALS

Mail in or drop off the following application materials (to MGSA Taxicab Regulation Program, 900 Fifth Avenue #100, San Rafael, CA 94901):

- MGSA TAXICAB COMPANY APPLICATION FORM:** Complete and sign the attached application form (also available online at: [Company Application](#)). *A photocopy of last application, updated with new date and signature is acceptable for renewals.*
- Proof of the Company's Automobile Liability Insurance** (minimum combined single limit of \$350,000 for injury or death of persons in the same accident and for injury or destruction of property resulting from the operation or maintenance of any taxicab operated by the Company including an endorsement for additional insureds of the MGSA, its officers, appointed officials, employees and agents. Example of required wording on Certificate of Liability Insurance is attached to the [Company Application](#)).
- Proof of the Company's Worker's Compensation insurance** (for Companies with employees)
- A copy of the Company's Rates of Fare for taxi services**
- A copy of any revisions since the previous permit of the Company's Drug and Alcohol Policy, Safety Education and Training Program or Disabled Access Education and Training Program.**
- \$1,000 application fee (check, money order or cashier's check made out to "MGSA" – please make sure the taxi company name is on the check).**
- \$200 late fee if a complete application is not received prior to the expiration date of the permit being renewed.**



Taxicab Company Permit Application

<input type="checkbox"/> New Company		<input type="checkbox"/> Renewal		Date:
Company Name:			Doing Business As (DBA) Name:	
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:				
Primary Contact Person	Name:			
	Title:			
	Phone Number:			
	E-mail Address:			
Business Address	Street Address:			
	City:			
	Zip Code:			
	Phone Number:			

Owner, Partner or Principal Office Filing as Applicant (complete following section):				
Last Name:		First Name:		Full Middle Name:
Other Names Used (List All):				
Place of Birth (City, State & Country):				
Date of Birth:		<input type="checkbox"/> I am at least 18 years old		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	Weight:		Hair Color:	Eye Color:
Social Security No.:		CA Driver's License No.:		Expires:
Home Address:				
City:		State:		Zip Code:
Home Phone:		Cell Phone:		
Have you ever been convicted of a crime?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to register as a sex offender?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a traffic infraction within the past five (5) years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of these questions, you must provide additional details below (use additional sheets if needed):				

Department of Motor Vehicles Pull Notice Program Requester Code Number:

Radio Service: In-House (Frequencies: _____) Cell Phones Only Outside Vendor

Describe Vehicle Color Scheme and Identification or provide a photo (not needed for permit renewals):

List All Vehicles (use additional sheets if needed):

Company Fleet Number	Year, Make and Model	License #	VIN #

Declarations:

- I hereby attest that the information provided above is correct and accurate.
- I hereby acknowledge that I have read and understand the Marin County Taxicab Regulations.
- I understand that failure to comply with these regulations is valid cause for my Taxicab Company Permit to be denied, suspended or revoked.
- I understand that any fees paid are non-refundable, even if my permit is denied or revoked.
- I understand that this document is an application, not a Company Permit, and does not authorize me to operate a taxicab company.
- I hereby affirm that the company maintains continuous enrollment in the California Department of Motor Vehicles (DMV) Pull Notice Program and that all affiliated taxicab drivers are enrolled in the program in accordance with MCTRP Regulations.
- I hereby agree to notify the MCTRP Administrator upon receipt of a DMV Pull Notice for any affiliated driver that indicates an action that would no longer qualify the driver for a Driver Permit.
- I will require any driver no longer qualified to have a MCTRP Driver Permit to immediately cease operation and surrender their Driver Permit to the company. The Driver Permit will be delivered to the MCTRP Administrator by the company, upon receipt.

Signature:

Date:



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A8232
ORI (Code assigned by DOJ)

License, Certificate or Permit
Authorized Applicant Type

Taxi Operator Permit
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Marin County Taxi Regulation Program
Agency Authorized to Receive Criminal Record Information

10123
Mail Code (five-digit code assigned by DOJ)

900 Fifth Avenue, Ste. 100
Street Address or P.O. Box

Robert Brown
Contact Name (mandatory for all school submissions)

San Rafael CA 94901
City State ZIP Code

4158837889
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color
Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number
Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE

PRODUCER YOUR INSURANCE COMPANY NAME AND ADDRESS	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED YOUR NAME AND BUSINESS NAME AND ADDRESS	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SAMPLE			EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	YOUR POLICY NO.	Effective date	Expiration date	COMBINED SINGLE LIMIT (Ea accident)	\$ 350,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER _____					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Taxicab business in Marin County, CA
 Vehicle(s) covered: (vehicle year, make, model and VIN#)

 The MGSA and each member agency, its officers, elected and appointed officials, employees, agents and volunteers are named as additional insured.

CERTIFICATE HOLDER

Marin General Services Authority
 900 Fifth Avenue, Suite 100
 San Rafael, CA 94901
 415-446-4428

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Signature of Insurance Officer