

CITY OF OAKLAND TAXI CAB STATUS CHANGE

Filing Fee: \$150.00 – Non-refundable

Insurance covering this vehicle must accompany this application

Change of Company* Change of Vehicle** Change of Permittee

Permit Number : _____

Date: _____

Permit Owner: _____

Address: _____ City/Zip: _____

Company Name: _____

Address: _____ City/Zip: _____

***CHANGE OF COMPANY:**

I am aware that _____ owns Oakland Taxicab Permit Number _____ and gives permission for this permit to operate under the Fleet Management and colors of the following:

Fleet Management - Company Name: _____

Address: _____ City/Zip: _____

Signature of Fleet Manager: _____ Date: _____

Signature of Permittee: _____ Date: _____

****DESCRIPTION OF REPLACEMENT VEHICLE:**

Fuel Type: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Mode: _____

Vehicle License: _____ Vehicle ID: _____

DESCRIPTION OF OLD VEHICLE:

Vehicle Year: _____ Vehicle Make: _____ Vehicle Mode: _____

Vehicle License: _____ Vehicle ID: _____

Signature of Permittee: _____ Date: _____

TAXI DETAIL UNIT – Approved by: _____

Revised: 7/00