



Metropolitan Transit System

For-Hire Vehicle Administration Mechanical Safety and Regulatory Inspection Report

STEP 1: TO BE COMPLETED BY PERMIT HOLDER (Attach mechanic work shop order/invoice when submitting to MTS)

Company Name (DBA)	Medallion #	Permit Type: Taxicab () NEM () Charter () Jitney () Sightseeing () Low-Speed Vehicle ()
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STEP 2: TO BE COMPLETED BY CERTIFIED MECHANICAL TECHNICIAN

*** Per Ca Gov Code 53075.5 and MTS Ordinance No. 11 mechanical vehicle inspections are to be conducted by a facility that is certified by the National Institute for Automotive Service Excellence (ASE) or a facility registered with the Bureau of Automotive Repair (BAR)

(ATTACH MECHANIC SHOP WORK ORDER / INVOICE)

Vehicle: Year _____ Make _____ Model _____ Mileage _____
License Plate Number _____ VIN: _____

Meets California Air Resources Board criteria for Zero or Low emissions (LEV, ULE V, SULEV, TZEV, PZEV, ZEV, other) **YES NO**

Name/Address and Registration # of BAR facility _____

Date and Time of Inspection Report _____

Item	Pass	Fail	Item	Pass	Fail	Item	Pass	Fail	Item	Pass	Fail
Steering			Emergency Hazards Lights			Headlights			Tail Lights Brake		
Lights			Reverse Lights			Turn Signals			Parking Brake		
Brake System			Front/Rear Windshields			Front Wipers			Mirrors Front/ Rear/ Sides		
Horn			Suspension			Windshield Defrost			Seat Belts		
Tires. Depth Tread 1/32"			Door /Trunk Locks			Muffler / Exhaust			A/C & Heater		
Fuel Tank Cap			Speedometer			Side Windows Operational			Interior Lights SRS		
Airbags											

STEP 3: TO BE COMPLETED BY MTS INSPECTOR

MTS USE ONLY: MARKINGS / ADA / OTHER REQUIREMENTS (VERIFIED BY MTS INSPECTOR)

TAXICABS			NEM AND OTHER ACCESIBLE VEHICLES					
Item	Pass	Fail	Item	Pass	Fail	Item	Pass	Fail
Required Markings			Fire Extinguisher (Inspection Tag)			Mechanical Ramp Interlock		
Taximeter/ Seal			Triangle Reflectors			Wheelchair Restraints		
Body Condition/ Paint			First Aid Kit			Non-Skid Surfaces		
Cleanliness Int/ Ext			Required Markings			Required Lighting		
Emergency Signal Device			License Plates/ Registration			Doors/ Entry Clearance		
Dispatch Service/ Credit Card Acceptance/ GPS			Body Condition/ Paint			Gurney/Stretcher		
License Plates/ Registration			Ramp /Lift Operation			Other:		
Airport Permit: YES NO		Dispatch Serv:			Notes:			
INSPECTION TYPE:	Renewal ()	Airport ()	P / I ()	RTS ()	Replacement ()	Other ()		
Inspector Name:			Date / Time:			Fee Received:		
Received by:			Date / Time:			Fee Received:		
NOTES:								



**RADIO DISPATCH SERVICE ORGANIZATION
REGISTRATION FORM**

Date Received: _____

PART I: To be completed and signed by permit holder.

Check one box: New Registration Complete PART I and II Change of Dispatch Service Organization PARTS I, II and III

- 1.1 Permit Holder Name(s): _____
- 1.2 Company Name (dba): _____
- 1.3 Medallion Number(s): _____
- 1.4 Name of Dispatch Service Organization I am joining: **AIRPORT DISPATCH (619) 946 - 8294**

Permit Holder(s) Signature Date

AUTHORIZATION FROM DISPATCH SERVICE ORGANIZATION

PART II: To be completed and signed by the dispatch service organization authorized representative.

This form certifies that Permit Holder Name(s): _____
DBA: _____ Medallion No(s): _____
Taxicab Company Name

is authorized to use the dispatch service organization of: **AIRPORT DISPATCH (619) 946 - 8294**
Dispatch Service Organization

Authorized Representative Signature Date

SUBSCRIPTION TERMINATION ACKNOWLEDGEMENT FROM DISPATCH SERVICE ORGANIZATION

PART III: (A) To be completed and signed by dispatch service organization authorized representative.

_____ acknowledged termination of dispatch service.
Dispatch Service Organization Name

Authorized Representative Signature Date

(B) I hereby request MTS immediately notify _____ of my intent to cancel my dispatch
Dispatch Service Organization

service subscription effective 30 days from _____.
MTS staff approval

Vehicle inspection to be completed within 30 days from _____.

FOR MTS USE ONLY

	Date	Staff Initial
\$ _____ processing fee paid: Cashier's Check/M.O.# _____	_____	_____
Inspection scheduled for:	_____	_____
Data entered:	_____	_____



Metropolitan Transit System

For-Hire Vehicle Administration
2024 Annual Statement of Permit Holder

Please complete this form and return in via e-mail to: MTSFHVADOCS@sdmts.com, or
You may also mail this form to: For-Hire Vehicle Administration 100 16th Street, San Diego, CA 92101, or
You may also deposit the completed form at the MTS FHVA drop box located at the above address.

This annual statement form must be submitted on or before March 4, 2024. Failure to submit this form
by the March 4, 2024 deadline will result in the suspension of the vehicle(s) operating permit

Permit Holder Type: Individual Partnership Corporation LLC

Permit Holders: If the permit is held by a Partnership, list all partners names. If a Corporation or limited Liability
Company (LLC), list all corporate principal officers, members and/or shareholders, including titles.

Permit Holder Name(s): Company Name (DBA):

Mailing Address: City, State, Zip Code:

Business Address: City, State, Zip Code:

Business Phone: Cell Phone: Other:

Mandatory E-mail Address:
MTS uses e-mail as the primary method of communications. All communications will be sent via e-mail.

Dispatch Service Provider (Taxicabs Only):

For Taxicabs ONLY: Proof of DMV Pool Notice Registration if LLC or Individual or Partnership with more than one
permit or employs or contracts lease drivers. MTS Ord No. 11 1.8(d).

Names of Corporate Officers and Titles, Shareholders, and LLC Members

_____, _____, _____
_____, _____, _____

Vehicle(s): Complete the reverse side of this form. For more than 7 permits, attach a separate list, and
provide the information for each vehicle you operate with a MTS taxicab or other for-hire vehicle permit.

By my signature, I attest that I am the permit holder (permit holder is an individual, partnership, corporation, or
LLC), and that I understand the reporting requirements, and that this statement is filed in compliance with MTS
ordinance No. 11, Section 1.10(f).

Signed: Date:



2024 ANNUAL STATEMENT OF PERMIT HOLDER VEHICLE(S) OPERATED WITH AN MTS TAXICAB OR FOR-HIRE PERMIT

Please Print Legibly - Each Section Must Be Filled Out Completely

MEDALLION NUMBER(S) (List each separately)	YEAR	MAKE & MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	REGISTERED/LEGAL OWNER(S) NAME AND ADDRESS

You may return this form via e-mail to: MTSFHVADOCs@sdmts.com or by mail to: MTS For-Hire Vehicle Administration, 100 16th Street, San Diego, CA 92101, or deposit the completed form at the MTS FHVA drop box located at the above address.