

OCTAP

Taxicab Company Permit

First Time Application Package

2011



OCTAP Address:

11903 Woodbury Road, Garden Grove, CA 92843-4020

Permitting Hours:

Company Permits:

Monday through Thursday by appointment only

Driver Permits:

Monday through Thursday 9:00 am – 2:00 pm (Walk-In)

Vehicle Inspections:

Monday through Thursday 9:00 am – 2:00 pm by appointment only

Email:	octaxi@octa.net
Website:	http://www.octap.net
Phone:	(949) 654-8294
Fax:	(714) 636-8504

Introduction

California Government Code Section 53075.5 requires local jurisdictions to regulate taxicabs. The cities of Orange County have delegated this regulatory function to the Orange County Taxi Administration Program (OCTAP).

Before operating a taxicab service in any OCTAP jurisdiction within Orange County, a taxicab company must apply for and be issued (once approved) an OCTAP Taxicab Company Permit.

Basic Eligibility Requirements

To be eligible for an OCTAP Taxicab Company Permit, a sole proprietor, partner, or corporate officer must:

1. Be at least 18 years of age.
2. Not be a registered sex offender pursuant to California Penal Code Section 290.
3. Not be on formal probation/parole or have received any conviction (or plea of guilty or nolo contendere) in any state for any of the following: murder; robbery; pandering; pimping; crimes related to the sale or transportation of controlled substances, including marijuana; crimes involving the use of a weapon; or any other offense involving moral turpitude or any crime that is substantially related to the qualifications, functions or responsibilities of a taxi owner.
4. Not have been convicted (or plea of guilty or nolo contendere) in any state for a felony within eight (8) years of application.
5. Not have been convicted within five (5) years of application (or plea of guilty or nolo contendere) in any state or any final administrative determination of a violation of any statute, ordinance, or regulation reasonably and rationally pertaining to the same or similar business operation which would have resulted in suspension or revocation of the Taxicab Company Permit under the OCTAP regulations.
6. Not have been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance after January 1, 1998; and are not subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years from the date that the judgment was originally entered.
7. Not have falsified material information on any application for a Taxicab Company Permit.

This information serves as a guide. For further information refer to the OCTAP Regulations, or contact OCTAP.

Summary of Fees

Application Fee - New \$4,270.00 Paid to OCTAP for administrative costs.

The following approximate costs are associated with obtaining an OCTAP Taxicab Company Permit.

Livescan Fingerprinting Fee \$11.00 – \$20.00 each applicant
Background Fee \$32.00 each applicant

Steps to Obtaining an OCTAP Taxicab Company Permit

Step #1 ~ Complete an OCTAP Taxicab Company Permit Application Package.

OCTAP will provide a Taxicab Company Permit Application Package. This package consists of an application form and a list of additional required documents and policies.

Important Note:

Companies with more than three partners or corporate officers should list only the top three officers on their application. The remaining partners/officers should be listed as an attachment. Only the top three principal partners or officers are required to submit to fingerprinting.

Step #2 ~ Obtain Money Order or Cashier's Check

All fees must be payable to OCTAP by money order or cashier's check:

\$4,270.00 payable to "OCTAP"

Step #3 ~ Fingerprinting

First time applicants (owners, top three partners, or corporate officers) must submit "Live Scan" fingerprint receipts. Be sure to use the OCTAP Live Scan forms, available from the OCTAP office. See Live Scan attachment for locations.

Step #4 ~ Submit Taxicab Company Permit Application Package to the OCTAP Office

See location and office hours attachment.

Important: Taxicab Company Permit Applications are only accepted by appointment. All applicants are required to be present and produce either a valid driver's license or state issued photo identification.

Applicants are required to bring the following to their application appointment:

- Completed OCTAP Taxicab Company Permit Application package (with required attachments and policies).
- Money order/cashier's check for \$4,270.00 (new) payable to "OCTAP."
- Live Scan Fingerprint receipt. (New applicants only, unless otherwise required).
- Valid California Driver License or California ID Card.

Important Note: OCTAP will not accept incomplete applications.

Before Operating a Taxicab Business

After receiving an OCTAP Taxicab Company Permit, the company must complete the following before operating:

1. Ensure authorized and affiliated drivers have valid OCTAP Driver Permits.
2. Obtain Vehicle Permits.
3. Obtain city authorization (where applicable).

Taxicab Driver Permits

Before any taxicab can be permitted and operated, each authorized driver must obtain and have in their immediate possession, a valid OCTAP Taxicab Driver Permit showing the driver's affiliation with the company.

Note: Utilization of non-OCTAP permitted drivers or drivers affiliated with another taxicab company, within OCTAP regulated jurisdictions, may result in fines and/or the suspension or revocation of the OCTAP Taxicab Company Permit.

Vehicle Inspections and Vehicle Permits

After obtaining an OCTAP Taxicab Company Permit and affiliated drivers, a company's taxicab fleet is eligible for inspection and permitting. OCTAP will provide a copy of the Regulations to assist companies in preparing their fleet for inspection. The vehicle inspection and permit fee is \$401.00 per vehicle. **Companies should renew Vehicle Permits five (5) business days prior to the expiration of the permit period. There is no grace period for expired Vehicle Permits. Vehicles renewed past the expiration date will be charged a \$29.00 per business day late fees (15 days maximum).**

Obtain Authorization to Operate within OCTAP Regulated Jurisdictions

The taxicab company is responsible for complying with any additional requirements imposed by those jurisdictions in which the company seeks to operate.

COMPANY PERMIT APPLICATION

Documents Checklist

Copies of all Documents Must be Submitted Annually

- Complete Insurance Package
- Completed OCTAP Company Permit Application
- List of company management personnel: Include names, titles, Driver Permit # and telephone phone numbers. Specify persons authorized to sign driver applications.
- List of current drivers authorized to operate in OCTAP regulated areas: Full Name, SSN, CDL, DOB
- List of taxicabs: Include year, make, model, VIN, license plate, company fleet number.
Copy of CA DMV Registration for each vehicle.
- Company Check Acceptance Agreement **(To be signed by the Primary Applicant only)**
- Completed Taxicab Company Drug Testing Program Information form **(OCTAP Form)**
- Company anti-drug and alcohol policy
- 24 Hour Live Human Response Dispatch System
- Principle Place of Business
- Electronic Processing of Credit Card **(sample policy provided)**
- Dispatch Records Policy (must provide records from previous 90 days)
- Company Lost and Found Policy
- Company Complaint Policy
- Tow service contract / spare & tool in each vehicle
- Stranded passenger policy
- Copy of any valid Orange County city business licenses
- Fictitious Business Name Statement **(Valid for five years)**
- DMV Pull Notice Contract
- Copy of CDL or State issued photo identification for each person listed on the application
- Copy of LIVE SCAN fingerprint receipt for all persons listed on the application **(new applicants, unless otherwise required)**
- Cashier's check or money order for initial company application fee.
- If a partnership: Copy of partnership agreement
- If a partnership: List of additional partners not listed on application
- If a corporation: Copy of the minutes from the most recent Board of Directors meeting
- If a corporation: Copy of the Articles of Incorporation **(new applicants, unless otherwise required)**
- If a corporation: Copy of stock register showing distribution of corporate stock **(new applicants, unless otherwise required)**
- If a corporation: List of additional corporate officers not listed on application

OCTAP Garden Grove Office Location and Hours

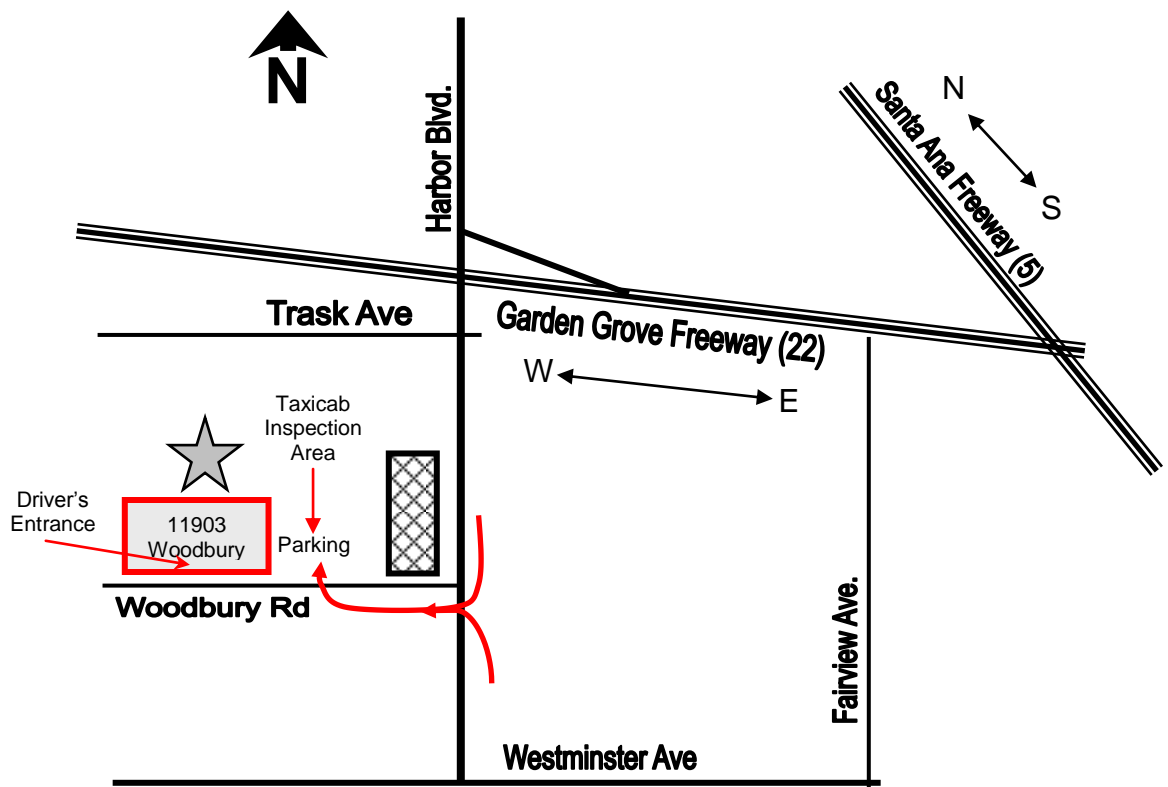
11903 Woodbury Road, Garden Grove, CA 92843-4020

Company Permit Application – by Appointment Only

Walk-in Hours to Submit Driver Permit Applications:

9:00 am to 2:00 pm on Monday through Thursday Only

Vehicle Inspections Monday – Thursday 9:00am to 2:00pm
by Appointment Only



[MapQuest Version](#)

Attachment Live Scan Information

All information provided below is subject to change. Please call agency to verify.

Locations	Phone #	Hours	Fees
Orange Co. Sheriff's Department 320 N. Flower Street Santa Ana, CA 92703	(714) 834-6460	Mon – Fri 8:45 am – 4:15 pm Appointment Only	Cash & Checks Accepted \$ 12.00 + <u>\$ 32.00</u> DOJ Fee \$44.00 Total payable to: OC Sheriff's Dept.
Orange Co. Sheriff's Department So. Operations 11 Journey Aliso Viejo, CA 92656	(949) 425-1801	Mon – Fri 8:00 am- 5:00 pm Appointment Only	Cash & Checks Accepted \$ 12.00 + <u>\$ 32.00</u> DOJ Fee \$ 44.00 Total, payable to: OC Sheriff's Dept.
California Live Scan Fingerprinting 18090 Beach Blvd. #10 Huntington Beach, CA 92648	(714) 787-8765	Mon – Fri 9:00 am – 6:00 pm <u>Walk-Ins Available</u>	All Forms Of Payment Are Accepted \$ 16.00 + <u>\$ 32.00</u> DOJ Fee \$ 48.00 Total
Cerritos College Police Dept. 11110 Alondra Blvd. Cerritos, Ca. 90650	(562) 924-3618	Mon – Thu 9:00 am – 8:30 pm Fri – Sat 9:00 am – 5:00 pm <u>Walk-In Only</u> <u>No Appointment</u> <u>Needed</u>	Cash, Money Orders & Credit Cards Accepted \$ 20.00 fee payable to: Cerritos College + <u>\$ 32.00</u> DOJ fee payable to: \$ 52.00 Department of Justice (Separate Payments Required)
Costa Mesa Police Department 99 Fair Drive Costa Mesa, CA 92626	(714) 754-5281	Mon – Thurs 8:00 am - 3:00 pm Appointment Only	Cash & Checks Accepted \$ 10.00 + <u>\$ 32.00</u> DOJ Fee \$ 42.00 Total, payable to: City of Costa Mesa
Fullerton Police Department 237 W. Commonwealth Ave. Fullerton, CA 92832	(714) 738-6791	Mon – Fri 7:00 am – 7:00 pm Closed 1:00 – 2:00 pm for lunch Appointment Only	Cash, Checks & Credit Cards Accepted \$ 20.00 + <u>\$ 32.00</u> DOJ Fee \$ 52.00 Total, payable to: City of Fullerton
Garden Grove Police Department 11301 Acacia Parkway Garden Grove, CA 92842	(714) 741-5953	Mon – Fri 8:00 am – 6:00 pm Appointment Only	Cash & Checks Accepted \$ 25.00 + <u>\$ 32.00</u> DOJ Fee \$ 57.00 Total, payable to: City of Garden Grove
Certifix LiveScan 9252 Garden Grove Blvd. Suite # 21 Garden Grove, CA 92844	(714) 530-5900	Mon – Fri 10:00 am – 4:30 pm Lunch (12 Noon – 1pm) Saturday Appointment Only	Cash, Checks, Cashier's Checks, Credit Cards (\$3 fee), Money Orders \$ 25.00 + <u>\$ 32.00</u> DOJ Fee \$ 57.00 Total

Continued on next page

Live Scan Information – Continued

<p>Huntington Beach Police Dept. 2000 Main Street Huntington Beach, CA 92648</p>	<p>(714) 536-5641</p>	<p>Mon – Sat 8:00 am – 12:20 pm Appointment Only</p>	<p>Cash, Checks & Credit Cards Accepted (No American Express) \$15.00 +\$ 32.00 DOJ Fee \$47.00 Total, payable to: City of Huntington Beach</p>
<p>Irvine Police Department 1 Civic Center Plaza Irvine, CA 92606</p>	<p>(949) 724-7000</p>	<p>Tues – Sat Call for Hours Appointment Only</p>	<p>Cash & Checks Accepted. No Credit Cards Accepted. \$ 10.00 +\$ 32.00 DOJ Fee \$ 42.00 Total, payable to: City of Irvine</p>
<p>Secure Live Scan 23832 Rockfield Blvd. Suite #145 Lake Forest, CA 92630</p>	<p>(949) 633-0948</p>	<p>Mon-Fri 10:00 am – 5:30 pm <u>Walk-Ins Only</u> <u>No Appointment</u> <u>Needed</u></p>	<p>Cash (exact change only please) Credit Cards, ATM & Debit Cards Money Orders \$ 20.00 +\$ 32.00 DOJ Fee \$ 52.00 Total</p>
<p>OC Pack & Mail Plus 171 N. Tustin Avenue Tustin, CA 92780</p>	<p>714-285-0588</p>	<p>Mon-Fri 8:30 – 6:30 p.m. Saturday 9:30 – 3:30 p.m. <u>Walk-Ins Available</u></p>	<p>Cash, AMEX, Visa, MC, Discover, or Check \$ 16.00 +\$ 32.00 DOJ Fee \$ 48.00 Total</p>

- ▶ The hours and fees listed above are subject to change. Please call agency to verify.
- ▶ Live Scan locations may be closed on holidays. Please call agency to verify.
- ▶ Be sure to use a pre-printed OCTA Livescan Form, obtained from your company or from the OCTAP office.
- ▶ A valid driver's license will be required at the time of fingerprinting for identification purposes.
- ▶ **Make sure you retain the “Requesting Agency” copy to present to OCTAP.**

Company Permit Application Forms and Required Policies

Please Print in Ink, or Type

OCTAP Taxicab Company Permit Application

Date:			
Taxicab Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other-describe below			
If other type of business, describe here:			

Company Corporate Name:
Doing Business As (DBA) Name:

Business Mailing Address:		
City:	State:	Zip:

Business Operation Address :		
City:	State:	Zip:

Business Phone #	Fax #	Dispatch Phone #	Other Phone #
()	()	()	()

Department of Motor Vehicles (DMV) Pull Notice Program Requester Code Number:

Describe the vehicle color scheme, lettering and logo design (or attach photo).

Has this company ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? **Yes** **No** (if yes, please explain using a separate sheet of paper).

Dispatch and Radio Service Information (separate policy required)
<input type="checkbox"/> In-House. List Frequencies:
<input type="checkbox"/> Outside Vendor. List Name, Address, Phone:
<input type="checkbox"/> 24 Hour Dispatch - Live Human Response (per Section 5.2.10.1)
<input type="checkbox"/> Use cell phone(s) only

Owner or Principal Officer Filing as Primary Applicant

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	OCTAP DP#
Home Phone # ()	Date of Birth:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. #	CA Driver Lic. #	Driver Lic. Expires:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth ~ City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:

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
<i>If you answered YES to any of these questions, you must provide additional details below.</i>		

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheets if needed.

Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? ___Yes ___No (if yes, please explain using a separate sheet of paper).

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____ DATE: _____

Additional Applicant #1 ~ Partner or Principal Officer

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	OCTAP DP#
Home Phone # ()	Date of Birth:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. #	CA Driver Lic. #	Driver Lic. Expires:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth ~ City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:

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
<i>If you answered YES to any of these questions, you must provide additional details below.</i>		

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheets if needed.

Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? **Yes** **No** (if yes, please explain using a separate sheet of paper).

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Additional Applicant #2 ~ Partner or Principal Officer

Position/Title:		Last Name:	
First Name:		Full Middle Name:	
Other Name(s) You Have Used:			
Home Address:			
City:	State:	Zip:	OCTAP DP#
Home Phone # ()	Date of Birth:	<input type="checkbox"/> I am at least 18 years old	
Soc. Sec. #	CA Driver Lic. #	Driver Lic. Expires:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth ~ City, State, Country:		
Height:	Weight:	Eye Color:	Hair Color:

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
<i>If you answered YES to any of these questions, you must provide additional details below.</i>		

List all felony and/or misdemeanor convictions. Provide details of any requirement to register as a sex offender. **Failure to list all information may result in the denial or revocation of this permit.**

Charge/Conviction	Date of Conviction	Court/Agency	Details

Use this area to further explain any item above. Attach additional sheets if needed.

Have you ever been held liable under any judgment, decision or determination by any public or regulatory agency for operating cabs without the requisite insurance; or are you subject to any unsatisfied court judgment arising from liability for operating cabs, including, but not limited to, collisions or operating without the requisite insurance, within 15 years of submitting the application? ___Yes ___No (if yes, please explain using a separate sheet of paper).

I hereby declare under penalty of perjury that the information given is true and correct and that any false, or withholding of, information may be grounds to deny or revoke this permit.

APPLICANT SIGNATURE: _____

DATE: _____

Primary Applicant Declaration

I, the undersigned, hereby declare under penalty of perjury that all answers to the questions posed herein and the documents provided as additional attachments, are true and correct to the best of my knowledge. I understand that any fraudulent statements or misrepresentation may be cause for denial or revocation of any permit granted to me.

Primary Applicant Signature:

Date:

OCTAP Policy to Accept Company Business Checks

OCTAP can accept company business checks for the following services:

1. Company Permits (renewal).
2. Vehicle Permits.
3. Payment of fine(s) issued to a company through a Notice of Violation.
4. Public Record Requests.

Company checks must be presented to OCTAP by an authorized company representative with the company name and address clearly imprinted (not handwritten) on the check (No temporary company checks will be accepted). Also, company business checks cannot be used for Driver Permit Services. **No personal checks of any kind will be accepted.**

Your signed agreement constitutes an understanding of this policy and your intention to adhere to said agreement. Any misuse or failure to comply with this policy, including, but not limited to, returned checks for insufficient funds, may result in, but not limited to, the suspension of your company permit and/or applicable vehicle permits and any subsequent fees associated with an unpaid returned check to include a \$100.00 or three times the amount of the unpaid returned check, whichever is greater.

Please feel free to call 949-654-8294 if you have any questions.

I have read and understand the above policy for acceptance by OCTAP of Company Business Checks. My signature below constitutes my intention to adhere to said policy, as well as understanding of the action(s) OCTAP may take pursuant to the policy.

Print name: _____

Title: _____

Company name: _____

Signature: _____ Date: _____

Taxicab Company Drug and Alcohol Program Information Form

Important: All taxicab companies are responsible for the pre-employment drug testing of their drivers and shall designate OCTAP as an agency *authorized and required* to receive from drug screening labs the results of driver drug tests. Notification from the lab of drivers' drug test results shall be directed to the OCTAP Administrator via facsimile or email, as soon as test results become available. Results shall be faxed to OCTAP at (714) 636-8504 or email to octaxi@octa.net. *If the pre-employment drug test is administered more than 30 days prior to the driver applying for an OCTAP Driver's Permit, the driver must be re-tested.*

1) Name of Taxicab Company:

2) **Attach to this sheet a copy of your company's policy** on the prohibition of drug and alcohol use by employee and non-employee (contracted) taxicab drivers.

3) If your company contracts with a consortia, program or lab for drug testing of drivers, fill out the information below (use the back of this sheet to fill in the same information if more than one lab or program is used):

(Name of Organization)

(Street Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Name of Contact or Account Representative)

By signing below, the taxicab company named above hereby designates as an agency authorized and required to receive from drug screening labs the results of driver drug tests. OCTAP is also authorized to contact the person(s) and/or organization(s) listed on this sheet and obtain information necessary to maintain OCTAP records on taxicab companies and drivers in relation to required drug testing. The undersigned confirms that the taxicab company listed above is currently and will continue to remain in compliance with all federal, California and OCTAP regulations regarding drug testing of taxicab drivers. The undersigned also agrees to notify the OCTAP Administrator *immediately in writing* of any changes to the above information and the attached policy.

(Signature of Taxicab Company Owner, Partner or Corporate Officer)

(Date)

24-Hour Live Human Response Dispatch System

► OCTAP Regulations, Section 5.2.10.1 requires that a company maintain and provide year-round, 24-hour live human response telephone service to provide trip reservation and taxi dispatch services, or referral services. A referral service may consist of service calls that are forwarded directly to another OCTAP Permitted Taxicab Company during hours of non-operation, provided that the permittee has a written agreement with the receiving taxicab company. A referral service may also consist of a live-human response, providing the name and telephone number of another OCTAP permitted Taxicab Company. All calls to a company service line are to be answered within 5 rings

Please list all number(s) provided to customers for taxicab service.

Orders and Dispatch Records Policy

► OCTAP Regulations Section, 5.2.10.5 requires that a taxicab company keep order and dispatch records readily available to OCTAP for at least ninety (90) days.

► OCTAP Regulations Section 5.2.10.4 requires that a taxicab company maintain the ability to provide OCTAP, upon request, the following order and dispatch record information for each service request:

- Driver responding to service request, may use OCTAP Permit number;
- Location of pickup request, address, cross street, business name, etc;
- Identification of person taking service request;
- Date and time request was made. Record is to be time stamped with the time received, or may be electronically time stamped through the use of a computer aided dispatch (CAD) system.
- Estimated arrival time, if any;
- Identification of Taxicab number sent (the Company must also, through a separate record, be able to identify the name of the Driver); and
- Time service request was sent to the driver. Record is to be time stamped with the time request was transmitted to a driver, or may be electronically time stamped through the use of a computer aided dispatch (CAD) system.

Please describe how your company will comply with this requirement and attach to this form.

Principle Place of Business

► OCTAP Regulations Section 5.2.10.2 requires that a taxicab company must have a principle place of business from which it conducts its activities as a Taxicab Company, including dispatch of Taxicabs, and related activities. (Multiple locations for other activities such as storage, maintenance/repair, etc., are allowed).

Please list all location(s) and detailed description of the activity that will be conducted relating to the taxicab business operations. Use separate form if additional locations are required.

Address: _____

City: _____ Zip Code: _____ Phone: _____

Activity(ies) performed at this address:

Address: _____

City: _____ Zip Code: _____ Phone: _____

Activity(ies) performed at this address:

Electronic Processing of Credit Cards

► OCTAP Regulations Section 5.2.10.3 requires that a company and all drivers provide electronic processing of credit cards as a method of payment to customers. Accepted credit cards must, at minimum, include the acceptance of MasterCard® and Visa®. A customer's personal and credit card information may only be used, processed, disseminated, and retained in accordance with current laws and standards.

► OCTAP Regulations Section 9.8 requires that a company and all drivers provide electronic processing of credit cards as a method of payment to customers. Accepted credit cards must, at minimum, include the acceptance of MasterCard® and Visa®. A customer's personal and credit card information may only be used, processed, disseminated, and retained in accordance with current laws and standards.

Credit card payments are mandated as a payment option to customers in the OCTAP Regulations. Each company and driver must be aware, be familiar with, and be in compliance with all local, state, and federal laws regulating credit card transactions including all issues to protect the security and identification of a customer when a credit card is used. Unlawful use or distribution of credit cards or information obtained from them outlined in all applicable laws may subject offender to criminal or civil prosecution.

Below is a list of items that must be addressed as part of developing a company credit card acceptance policy.

1. What is the effective date of the policy?
2. Description of process
3. Who maintains merchant account? (Expectation is company maintains merchant account).
4. Who is the merchant account established with? **Please attach the company's agreement or contract with the financial institution.**
5. What kind of device is required?
6. Who provides device?
7. If wireless device is being utilize, who maintains wireless device internet access account?
8. When is customer transaction to be processed?
9. What information is provided to the customer?
10. Driver instructions for processing a transaction.
11. How is credit card transaction funds transmitted to the driver?
12. How is driver notified of company credit card acceptance policy?

(SAMPLE)



[COMPANY NAME] 
Credit Card Processing Policy
Effective xx/xx/xxxx

[Company] will provide and maintain a merchant account with **[Financial Institution]** from which all associated driver will be expected to process credit card transaction for customer fares. A copy of the merchant agreement with **[Financial Institution]** and driver instructions for processing credit card transactions is attached to this policy.

Associated drivers, as a condition of lease and at their own expense, must provide a portable web-enabled device (smart phone, tablet device, PC, etc.) and wireless internet account capable of accessing **[company]** provided merchant account, and electronically processing credit card transactions.

[Company] at its discretion, may assist drivers who may have difficulty securing devices and/or wireless internet accounts, so that they may comply with this requirement. Company assistance, if granted, would be subject to company eligibility requirements, which may include a deposit equal to the cost/value of the device and cost of the monthly service.

Customer credit card transactions are to be processed immediately upon reaching the customer destination, utilizing a web-enabled device connected to the company provided merchant account. A transaction confirmation number must be provided to the customer, on a hand-written customer receipt, upon completion of the transaction. A copy of the standard **[Company]** receipt form is attached to this policy.

[Company] reserves the right to establish a transaction escrow account, not to exceed **\$xxx.xx**, to protect against unauthorized, fraudulent, or otherwise un-fundable transactions that have been processed by the driver.

Credit card transaction funds will be reconciled and credited against the driver lease on a **[daily / weekly / monthly]** basis. Any credit card transaction funds in excess of the driver [daily / weekly / monthly] lease amount and required escrow amount will be returned to the driver in the form of a company check.

Drivers who fail to maintain devices capable of processing credit card transactions as outlined within this policy will be dropped from the company permit, and their lease will be terminated. Drivers may also be subject to warnings, fines, permit suspension or permit revocation by the Orange County Taxi Administration Program (OCTAP).

[Company] credit card processing requirements will be communicated to all associated drivers by providing a copy of this policy, along with instructions for processing transactions on the company merchant account, at the time that the driver establishes a lease agreement and association with **[Company]**. Drivers will be required to sign an acknowledgment that they received a copy of this policy, and are expected to comply with this policy, upon initiating a lease and association with **[Company]**.

Lost and Found Policy

▶ OCTAP Regulations Section 5.2.10.6 requires that a taxicab company have a written lost and found policy that includes the return of lost articles to the customer, and submit a written outline of the process to OCTAP for review as part of the permitting process.

Company Complaint Policy

▶ OCTAP Regulations Section 5.2.10.7 requires that a taxicab company have a policy in place to receive complaints. The complaint policy must contain the mechanism for receiving complaints, investigation, and final resolution of complaints, as well as corrective actions. All complaints must be responded to in an expedient, responsible, and professional manner.

Please attach your company policy separately as a part of the Business Permit Application.

- **A copy of the company policy outlining your procedures on complaint and lost and found requirements. In addition, please include the name of the person responsible for the policies and the hours of operation when to report such incidents.**

Tow Service and Stranded Passenger Policy

Tow Service

Option A. A jack, tire changing tool, and an inflated spare tire will be kept in each vehicle.

Option B. In place of the above tools and equipment, the company maintains a tow vehicle or a contract for towing service (**include copy of contract**).

Name of Tow Company: _____

Address: _____

Phone: _____

Stranded Passenger Policy

Please describe how your company will respond to a passenger who is stranded as a result of a taxicab vehicle breakdown, accident or other event that prevents the original vehicle from completing the passenger trip. Include an expected wait time for a replacement vehicle and if the customer will receive any financial consideration (no fare for initial vehicle, no fare for entire trip, etc.) for the inconvenience and disruption of service.

Please attach your company policy separately as a part of the Company Permit Application.

Company Management List

(May attach computer generated list)

_____ Taxicab Company Name

Full Name (Print)	Signature	Position/Title	Telephone Number	Can Sign Driver Permit Applications	OCTAP Driver Permit #
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

Insurance Requirements

OCTAP Insurance Regulation Requirements

OCTAP Regulations Section 5.2.3.

Submission of evidence of insurance, in full force and effect, in such form as required by OCTAP, issued by a solvent and responsible company licensed to do business in the State of California, insuring the applicant against loss by reason of injury or damage that may result to persons, including taxicab passengers, or property, from the negligent operation or maintenance of such Taxicab.

Applicant shall provide a Certificate of Insurance and Insurance Policy Binder showing that the applicant is insured for a minimum combined single limit of one million dollars (\$1,000,000) for the injury or death of one or more persons in the same accident, and one hundred thousand dollars (\$100,000) for injury or destruction of property with an insurer with a minimum AM Best Rating of A-7. Each insurance policy required by these regulations shall waive all rights of subrogation against OCTA, OCTAP and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers. No self-insured retention shall be allowed.

Deductibles shall not exceed ten thousand dollars (\$10,000) per occurrence. In addition, the applicant shall direct the insurance company to provide OCTAP copies of Endorsements to the insurance policy 1) naming OCTA, OCTAP and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers as additional insureds; and 2) indicating that coverage shall not be reduced, terminated or cancelled without thirty (30) days prior written notice to OCTAP; and 3) the OCTAP special endorsement must be completed and duly executed by the agent or broker of record and submitted along with the proof of insurance.

Certified copies of the insurance policies shall be provided to OCTAP within ninety (90) days of the policy issuance. At least ten (10) business days prior to the expiration of the current policies, a Permittee shall submit insurance binders evidencing insurance coverage for the policy period subsequent to the expiration of the current policies. Lapses or interruptions of insurance coverage shall cause an immediate suspension of the Company Permit, pending revocation, and an immediate revocation of all Taxicab Permits issued to the Permittee. Reinstatement of a Company Permit may require payment of applicable fees and/or fines. Furthermore, if reinstated, any Taxicab(s) a Permittee desires to be placed back into service will require the issuance of a new Taxicab Permit with applicable fees paid.

Insurance Document Requirements

OCTAP Regulation, Section 5.2.3, requires submission of evidence of insurance, in full force and effect, in such form as required by OCTAP, issued by a solvent and responsible company licensed to do business in the State of California, with a minimum AM Best Rating of A-7, insuring the applicant against loss by reason of injury or damage that may result to persons, including taxicab passengers, or property, from the negligent operation or maintenance of such taxicab.

ALL DOCUMENTS MUST BE WET SIGNED ORIGINALS AND MAILED, OR HAND DELIVERED DIRECTLY TO OCTAP FROM THE INSURANCE REPRESENTATIVE.

OCTAP requires the following documents:

- Certificate of Insurance AND Insurance Policy Binder:**
 - Certificate and Binder must show the applicant is insured for a minimum combined single limit of one million dollars (\$1,000,000) for the injury or death of one or more persons in the same accident, and one hundred thousand dollars (\$100,000) for injury or destruction of property.

- Endorsements to the insurance policy (please use the “Special Endorsement” and “Additional Insured” templates attached below):**
 - Endorsements must be certified by the authorizing authority.
 - Endorsements must name each city and the County of Orange participating in the Orange County Taxi Administration Program as additional insured.
 - Endorsements must name the Orange County Transportation Authority, Orange County Taxi Administration Program and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers as additional insured.
 - Endorsements must indicate the coverage shall not be reduced, terminated, or canceled without thirty (30) days’ prior written notice to OCTAP.

Schedule of Insured Vehicles:

- The schedule header must indicate the name of the insurance company, the policy number(s), and the effective date.
- The vehicle listing must show the taxicab fleet ID number and at least the last six digits of the vehicle identification number (VIN).
- FOR VEHICLE ADDITIONS -- A revised schedule (**listing all the insured vehicles**) is required for fleet additions. Amendments listing only added vehicles will **not** be accepted.
- FOR DELETIONS -- The taxicab company shall immediately notify OCTAP of any taxicab removed from the schedule of insured vehicles.

A certified copy of the complete insurance policy including all endorsements, shall be provided to OCTAP within ninety (90) days of the policy issuance.

Additional Requirements:

- At least ten business days prior to the expiration of the current policies, a Permittee shall submit insurance binders evidencing insurance coverage for the policy period subsequent to the expiration of the current policies.
- No self-insured retention shall be allowed.
- Deductibles shall not exceed \$10,000 per occurrence.

Special Endorsement for the Orange County Transportation Authority, Orange County Taxi Administration Program (OCTAP) and its member cities, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers.

Name of the Insured: _____

Effective Date: _____

The following provisions apply to the Automobile insurance policy cited on the attached certificate.

Additional Insured Endorsement:

It is agreed that such insurance as is afforded by this policy shall also apply to the Orange County Transportation Authority, Orange County Taxi Administration Program and its member cities, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers, and they are to be covered as insureds as respects liability or claims actually or allegedly caused by, or arising out of, or resulting from the operations performed by on or behalf of the named insured.

Waiver of Subrogation:

It is further agreed that each insurance policy required under the OCTAP Regulations Section 5.2.3 shall waive all rights of subrogation against the Orange County Transportation Authority, Orange County Taxi Administration Program and its member agencies, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers.

Cancellation Clause:

It is further agreed that each insurance policy required by this contract (or reflected in the attached certificate) shall be endorsed to state that coverage shall not be reduced, terminated, or canceled by either party except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Orange County Transportation Authority, Orange County Taxi Administration Program and its member cities, including County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers at the address upon the attached certificate.

Separation of Insureds:

It is further agreed that each insurance policy referred to in the attached certificates shall provide that coverage apply separately to each insured except with respect to the limits of liability.

The inclusion of Orange County Transportation Authority, Orange County Taxi Administration Program and its member cities, including the County of Orange, their elected and appointed officials, officers, directors, employees, agents and volunteers as an additional insured shall not affect any right that such organization would have as a claimant if not so included.

This endorsement is attached to and hereby made a part of the policy No(s): _____

(Agent) ***Blue Ink *** _____

Signature

Insurance Endorsement

This endorsement is attached to and hereby made a part of the policy No(s): _____

Additional Insured:

THE ORANGE COUNTY TRANSPORTATION AUTHORITY, THE ORANGE COUNTY TAXI ADMINISTRATION PROGRAM AND ITS MEMBER CITIES, INCLUDING THE COUNTY OF ORANGE, THEIR ELECTED AND APPOINTED OFFICIALS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND VOLUNTEERS.

List Member Agencies:

1. Aliso Viejo
2. Anaheim
3. Brea
4. Buena Park
5. Costa Mesa
6. Cypress
7. Dana Point
8. Fountain Valley
9. Fullerton
10. Garden Grove
11. Huntington Beach
12. Irvine
13. Laguna Beach
14. Laguna Hills
15. Laguna Niguel
16. Laguna Woods
17. La Habra
18. Lake Forest
19. La Palma
20. Los Alamitos
21. Mission Viejo
22. Newport Beach
23. Orange
24. Placentia
25. Rancho Santa Margarita
26. San Clemente
27. San Juan Capistrano
28. Santa Ana
29. Seal Beach
30. Stanton
31. Tustin
32. Villa Park
33. Westminster
34. Yorba Linda
35. County of Orange

Coverage:

COVERAGE SHALL NOT BE REDUCED, TERMINATED, OR CANCELLED WITHOUT THIRTY (30) DAYS' PRIOR WRITTEN NOTICE TO OCTAP.