

VERIFICATION OF PEDICAB

NOT TO BE COMPLETED BY APPLICANT

An authorized City of San Diego Traffic Engineering Operations staff member or San Diego Police Officer must complete this form in full.

WARNING: All of the information listed below must be in full compliance and submitted to Traffic Engineering in order to receive a pedicab decal.

BUSINESS NAME

BUSINESS ADDRESS/PEDICAB STORAGE LOCATION CITY STATE

BUSINESS PHONE NUMBER BUSINESS OWNER/MANAGER

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PEDICAB IDENTIFICATION NUMBER (PIN) CITY ASSIGNED PEDICAB NUMBER

PIN LOCATION: TYPE:
 TOPTUBE HEADTUBE STAMPED ON FRAME
 SEAT TUBE TRAILER DRAW BAR

BODY TYPE:
 TRIKE TRAILER OTHER

FARE SCHEDULE:

MEETS SIZE, FORMAT, AND LOCATION (per MC Section 83.0110)
 CLEARLY VISIBLE TO PASSENGERS
 REQUIRED TEXT - "FARE PER PASSENGER TO BE AGREED UPON BEFORE HIRE. FAILURE TO DO SO WILL RESULT IN MINIMUM POSTED FARE"

PROOF OF INSURANCE:

COPY OF PROOF OF INSURANCE - COMPANY NAME, POLICY NUMBER, ISSUE/EXPIRATION

SAFETY EQUIPMENT:

HEADLIGHT-PROJECTS 300 FEET 2 TAILLIGHTS- - VISIBLE AT 500 FEET
 SEATBELTS - BOLTED TO FRAME/ADJUSTABLE BRAKES IN WORKING ORDER

EXTERIOR MARKINGS:

COMPANY TRADE NAME, PHONE NUMBER, CITY ASSIGNED PEDICAB IDENTIFICATION NUMBER (PIN)
 CLEARLY VISIBLE TO PUBLIC ON REAR OF PEDICAB

I certify under penalty under the laws of the State of California that I examined the pedicab described above and I find the description of the pedicab to be as indicated.

VERIFIER (PRINT) TITLE/ID NUMBER

ADDRESS CITY STATE

VERIFIED AT CITY STATE

VERIFIER'S SIGNATURE DATE

I certify under penalty of perjury that I am the owner/manager of the above described pedicab.

PEDICAB OWNER/MANAGER SIGNATURE EXECUTED AT CITY STATE DATE
