Regional Dispatch Agency Application

City of Seattle – Consumer Protection Division

King County – Records and Licensing Services Division





Check which type of application you are submitting:

☐ Regional Dispatch Agency — that fully complies with all requestionnaire as part of -or-	uireme	ents for a regional dispato			•	
☐ Transitional Regional Dispa	tch Ag	gency – Check this box if y	our agency	does not curre	ntly operate with a	
smart taximeter system. You m	ay be	asked to provide a transi	tion plan as	part of the app	lication process.	
Business information						
Legal name of agency				UBI		
List all trade names (or DBAs)				Business type (e.g., Corp, LLC)		
Business address		City		State	ZIP	
Mailing address		City		State	ZIP	
Website address		Business phone		Business email		
Primary contact name		Primary contact phone #		Primary contact email		
Data reporting contact name		Data reporting contact	phone #	Data reporting contact email		
Is this application for a pay o	conc	or for renewal of a prew	iouch, licon	sod agangy?	New 🗆 Renewal	
Is this application for a new a If renewal, have you submitte		·	-			
			-	-		
Agency owners/officers/repres		tives (attach another sheet)		
Full name	Title		Email	Phone		
Uniform color scheme and veh	icles					
Provide a list of all the vehicle	es affi	liated with your agency e	ither on th	e template prov	vided or in a form	
that includes all the same fiel						
Provide paint swatch(es) and scheme(s) (required only for n	-			-	• •	
Describe which colors are on			ing their co	ioi scheme, L	Attached N/A	
Describe any graphics and log	os, in	cluding where they are p	laced on th	ne vehicle(s)		
Dispatch, meter, and rates						
Does your agency have a cust Dispatch System (ADS) or app		•	Dispatcl	n phone numbe	r	
Do your affiliated vehicles op	erate	with a smart taximeter?	☐ Yes, br	and:	□ No	
Is the meter your affiliated ve	hicles	s use NTEP approved?	Yes, date	approved:	□ No	
Does your agency use any flat	trate	fares? 🗌 Yes (attach a l	ist of all fla	t rate fares use	d) 🗆 No	
☐ Check this box to confirm 6.311.380 and King Count	-	=	rm to <u>Seat</u>	le Municipal Co	de section	

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Policies

Seattle Municipal Code sections 6.31 6.65.370 detail policies regional and the following questions, you are con available for inspection if requested	transitional regional disp firming your agency's po	oatc	h agencies must have. By checking "		
Do you have a zero-tolerance policy vehicle?	for alcohol and drug us	e w	hile operating a taxicab or for-hire	☐ Yes ☐ No	
Do you have a policy that prohibits discriminating against passengers or origin; religious belief or affiliation; orientation; gender identity; or geogrovers more than 100 miles or inclusion.	r potential passengers o sex; disability; age; use graphic beginning or end	n th of a dpoi	e basis of race; color; national service animal; sexual ints of the ride, unless the trip	☐ Yes ☐ No	
Do you have a process for receiving, the phone number, email address, oprocess:	<u> </u>	-		☐ Yes ☐ No	
Do you have a secure process for pa If yes, what is the policy and how ar	_			☐ Yes ☐ No	
Does your system generate paper or electronic receipts for passengers that contain information required by Seattle Municipal Code section 6.311.340.A.7 and King County Code section 6.65.340.A.7?					
Do you have a for-hire driver training program? If yes, please describe:				☐ Yes ☐ No	
Do you have a process for providing changes and an opportunity to prov Seattle Municipal Code section 6.31	ride input before adopti	ng t	he policy that complies with	☐ Yes ☐ No	
Do you have a written policy govern system, ADS, the ability to work on agency, including written notice of idriver to be heard? If yes, attach a continuous system.	any contracted account mpending deactivation	s, ar	nd affiliation with the dispatch	☐ Yes ☐ No	
I certify that the information provid	ed on this application, i	nclu	ding attachments, is true and comp	olete.	
Signature of agency representative (written or electronic) Date					
A complete application includes: This application form Daint swatch and vehicle pictures			omit your application to: ail to: consumerprotection@seattle.	gov	
 □ Paint swatch and vehicle pictures (if applicable) □ List of flat rate fares used (if applicable) □ List of affiliated vehicles □ Required attachments noted in the Dispatch, meter, and rates and Policies sections of this application □ Application fee payment 			Or mail to: City of Seattle – Consumer Protection Division 700 Fifth Ave., Suite 4300 Seattle, WA 98104 Checks can be made payable to: City of Seattle		
Application Fees (the fees shown are the combined total of City and County fees)	Annual agency license (for one trade name)		Agencies that were licensed or reg in 2024 and are submitting this apparts after March 31, 2025, must add a	olication	
Fifty or fewer affiliated vehicles \$375.00 \$37.00					
Fifty-one or more affiliated vehicles	\$375.00 \$750.00		\$37.00 \$75.00		

Application rees	Annual agency license	Agencies that were incensed of registered		
(the fees shown are the combined total of	(for one trade name)	in 2024 and are submitting this applicat		
City and County fees)		after March 31, 2025, must add a late fee		
Fifty or fewer affiliated vehicles	\$375.00	\$37.00		
Fifty-one or more affiliated vehicles	\$750.00	\$75.00		
If your agency operates more than one trade name, add \$75 for each trade name beyond the first one				

CITY AND COUNTY OFFICE USE ONLY					
Requirements		Processed date or N/A	Completed by	Notes	
Application form a	nd attachments are complete				
ADS approved					
Correct fee paid	Receipt #				
Approval letter sent					

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Affiliated Vehicles List

Row #	Medallion #	Taxi or FHV	Owner Name	State License Plate #
1				
2				
3				
4				
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