



# **DEPARTMENT OF TRANSPORTATION**

**DIVISION OF MOTOR VEHICLES**

**RALEIGH, NORTH CAROLINA**

**NCDMV – DMV/COMMERCIAL MOTORCOACH STUDY**

**S.L. 2018-5 §34.22 (a) and (b)**

**December 2018**



---

## TABLE OF CONTENTS

---

### Table of Contents

EXECUTIVE SUMMARY .....	3
PURPOSE .....	3
ACRONYMS & DEFINITIONS .....	3
BACKGROUND .....	3
PERSPECTIVES .....	4
FINDINGS .....	5
 <b>APPENDIX .....</b>	<b>9</b>
APPENDIX A.....	10
Virginia DMV Operating Authority Certificate or License Application .....	10
APPENDIX B.....	15
South Carolina Class C Charter Bus Application Process License Application .....	15
APPENDIX C.....	24
Georgia Application for a Passenger Permit (Charter Operations) .....	24
APPENDIX D.....	42
Pennsylvania Fact Sheet .....	42
APPENDIX E .....	45
Washington DC-IRP Motorcoach- Trip Permit Compliance .....	45
Chartered Buses .....	46
APPENDIX F .....	47
New York State Application for Authority to Transport Passengers .....	47
New York State Application to Transport Passengers in Charter Service .....	59

## **EXECUTIVE SUMMARY**

### **PURPOSE**

The purpose of this study is to research federal and state regulation of commercial motorcoaches.

### **ACRONYMS & DEFINITIONS**

- NCDMV - North Carolina Division of Motor Vehicles
- NCDPS - North Carolina Department of Public Safety
- NCMA - North Carolina Motorcoach Association
- FMCSA - Federal Motor Carrier Safety Administration
- MC - Motor Carrier
- USDOT - United States Department of Transportation
- Interstate commerce, as defined by FMCSA, means trade, traffic or transportation in the United States-
  - (1) Between a place in a State and a place outside of such State (including a place outside of the United States);
  - (2) Between two places in a State through another State or a place outside of the United States; or
  - (3) Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.
- Intrastate commerce, as defined by FMCSA, means any trade, traffic or transportation in any State which is not described in the term “interstate commerce.”

### **BACKGROUND**

This study was conducted by the NCDMV, in consultation with the NCDPS and the NCMA to address sections 34.22(a) and (b) of Session Law 2018-5 passed by the North Carolina General Assembly in June 2018 listed below.

### **DMV/COMMERCIAL MOTORCOACH STUDY**

SECTION 34.22 (a) Commercial Motorcoach Study. – The Division of Motor Vehicles, in consultation with the Department of Public Safety and the North Carolina Motorcoach Association, shall study federal and State regulation of commercial motorcoaches.

- (1) Federal regulation of commercial motorcoaches.

- (2) State regulations and requirements for commercial motorcoaches, including the effect of laws in Virginia, South Carolina, Georgia, Florida, Tennessee, Pennsylvania, Washington, D.C., and New York on North Carolina registered commercial motorcoaches traveling and doing business in those states.
- (3) Regulations and requirements for out-of-state commercial motorcoaches traveling and doing business in North Carolina.
- (4) The equity of regulations and requirements governing North Carolina registered commercial motorcoaches traveling and doing business in other states and jurisdictions and out-of-state registered commercial motorcoaches traveling and doing business in North Carolina.
- (5) Whether North Carolina may establish or enter into reciprocity agreements with other states and jurisdictions to exempt North Carolina registered commercial motorcoaches traveling and doing business in those other states and jurisdictions.
- (6) Whether any legislative changes are necessary to ensure North Carolina registered commercial motorcoaches are not at a competitive disadvantage with commercial motorcoaches registered in other states and jurisdictions.
- (7) Any other topic or issue the Division of Motor Vehicles determines to be relevant to this study.

SECTION 34.22. (b) Report. – By December 1, 2018, the Division of Motor Vehicles shall report its findings from the study required under subsection (a) of this section, including any legislative recommendations, to the chairs of the Joint Legislative Transportation Oversight Committee and the Joint Legislative Oversight Committee on Justice and Public Safety.

### **PERSPECTIVES**

The Division, in coordination with NCDPS and the NCMA, examined all aspects of North Carolina-based motorcoaches transiting intrastate and interstate as directed. The baseline criteria assumed for this study is all North Carolina-based motorcoaches are properly registered with International Registration Plan (IRP), a section of NCDMV which allows the motorcoach to operate (drive) legally in states where it has registered authority. However, IRP does not authorize the motorcoach to conduct business transactions in these states.

## **FINDINGS**

The findings below are responses to the questions posed by this study.

(1) Federal regulation of commercial motorcoaches. –

Interstate motorcoach operations are regulated by the Federal Motor Carrier Safety Administration (FMCSA). As the Federal agency responsible for safety oversight of commercial motor vehicle operations, FMCSA and their law enforcement partners enforce and administer applicable Federal laws and regulations. Motorcoach companies and their drivers and vehicles, are subject to inspection by Federal, State, and local authorities. A violation of a law or regulation could result in a fine, a penalty, or the driver, vehicle or entire motor carrier operation being ordered out-of-service. Interstate motorcoach companies are required to obtain both USDOT registration and operating authority registration from the FMCSA before transporting passengers for compensation in interstate commerce. <https://www.fmcsa.dot.gov/safety/passenger-safety/legal-notice-motorcoach-operations>

(2) State regulations and requirements for commercial motorcoaches, including the effect of laws in Virginia, South Carolina, Georgia, Florida, Tennessee, Pennsylvania, Washington, D.C., and New York on North Carolina registered commercial motorcoaches traveling and doing business in those states.

- Virginia- A Virginia For-Hire Intrastate Operating Authority Permit must be obtained from The Virginia DMV when transporting property or passengers intrastate within Virginia. (See appendix) <https://www.dmv.virginia.gov/commercial/#mcs/programs/intrastate/index.asp>
- South Carolina- A Class “C” Charter Bus Certificate must be applied for with The South Carolina Public Service Commission and a copy sent to the South Carolina Office of Regulatory Staff when performing intrastate commerce. The South Carolina Office of Regulatory Staff issues the certificate would remains on the bus and no other numbers or decals need to be displayed on the bus from South Carolina. Carole Chauvin, The Office of Regulatory Staff, Transportation Department (803) 737-0800 <https://dms.psc.sc.gov/attachments/matter/EDC857A0-F75B-C1E4-D8CDC5D17EE897A5>
- Georgia- A Passenger Permit (Charter Operations) and/or a Passenger Certificate (for rates charged per person) must be obtained from the Georgia Department of Public Safety to perform for-hire passenger carrier operations in intrastate commerce. Major Johnny Jones, Georgia State Patrol (jjones@gsp.net) (See appendix)

<http://www.gamccd.net/FormsAndManuals.aspx>  
<http://www.gamccd.net/Documents/TR0009.pdf>

- Florida- Does not require additional numbers other than Motorcoach and apportioned plates. Ashley Newston FHP/DHSMV, Fleet & Property OOC (850-617-2289)
- Tennessee – Does not require additional numbers other than Motorcoach and apportioned plates. Jennifer Lanfair, TN IRP Manager (615-253-5162)
- Pennsylvania – Does not require additional numbers other than Motorcoach and apportioned plates. Laurel Hooten (717-783-6089) and lieutenant David J. Cannon, Director, PA State Police/Commercial Vehicle Safety Division
- North Carolina – North Carolina General Statutes, Public Utilities Chapter 62 Article 12  
[https://www.ncleg.net/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_62/Article\\_12.pdf](https://www.ncleg.net/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_62/Article_12.pdf)
- Washington DC-
  - According to the permit office, motorcoaches do not need a trip permit if the bus has apportioned plates. (202-729-7083)  
[https://dmv.dc.gov/sites/default/files/dc/sites/ddot/publication/attachments/Motorcoach%20Operators%20Guide%202013\\_Web\\_0.pdf](https://dmv.dc.gov/sites/default/files/dc/sites/ddot/publication/attachments/Motorcoach%20Operators%20Guide%202013_Web_0.pdf)
  - District of Columbia law requires any bus from any state or country used in the transportation of a chartered party, as that term is used in the International Registration Plan, with a seating capacity of greater than 15 passengers to: a. Register as a Class B commercial vehicle and obtain a DC Trip Permit, or b. Obtain proportional registration in its base jurisdiction through the International Registration Plan, and display DC on the IRP cab card. Vehicles must be in compliance prior to entering the District of Columbia. If a vehicle is not in compliance, the owner is subject to payment of a \$500 fine or 180 days imprisonment or both. In accordance with the International Registration Plan, adopted by DC, a chartered party in association with a bus company is a group of persons who, pursuant to a common purpose and under a single contract, have acquired the exclusive use of a passenger-carrying motor vehicle to travel together as a group to a specified destination or for a particular itinerary and assembled through the

sale of tickets to each passenger for a round trip from one or more points of origin to a single advertised destination. Charter and tour bus information is available on the DMV website at [www.dmv.dc.gov](http://www.dmv.dc.gov). Click on IRP for contact data and information about Trip Permits or contact the IRP Office at (202) 729-7083. Limousines with seating capacities greater than 15 passengers do not fit this criteria. However, limousines are required to procure Taxicab Commission permits. \*School related functions only. (202-737-4404) <https://dmv.dc.gov/publication/international-registration-plan-buses> (See appendix)

- Per DC.gov, DMV website, trip permits are issued in lieu of apportioned or full registration in accordance with the International Registration Plan, Article V, Section 525. <https://dmv.dc.gov/service/chartered-buses> (See appendix) Washington Metropolitan Area Transit Authority (MATA) is for city buses, not chartered buses. <https://www.wmata.com/business/small-disadvantaged-business/index.cfm> (202-637-1328)
  - Washington Metropolitan Area Transit Commission (WMATC) agent advised that the bus would need a permit, however their website refers you to the DMV website, which says otherwise. <https://www.wmatc.gov/> <https://dmv.dc.gov/service/chartered-buses> (See appendix)
  - New York-
    - New York State requires State operating authority for any motor carrier engaged in intrastate transportation for-hire. This requirement would then precipitate the requirement of a New York State semi-annual inspection. Marc Berger, Chief, Passenger Carrier Safety Bureau / Motor Carrier Investigations (718-482-4809) <https://dmv.ny.gov/motor-carriers/international-registration-plan-irp> (See appendix)
- (3) Regulations and requirements for out-of-state commercial motorcoaches traveling and doing business in North Carolina.

Motorcoaches traveling and doing business in North Carolina are required to have a valid Apportioned license plate.

- (4) The equity of regulations and requirements governing North Carolina registered commercial motorcoaches traveling and doing business in other states and jurisdictions and out-of-state registered commercial motorcoaches traveling and doing business in North Carolina.

The only consistency in the aforementioned states seems to be the FMCSA, UCR and IRP Inc. requirements.

- (5) Whether North Carolina may establish or enter into reciprocity agreements with other states and jurisdictions to exempt North Carolina registered commercial motorcoaches traveling and doing business in those other states and jurisdictions.

NCDMV only regulates the transit of motorcoaches through the State of North Carolina and reciprocity already exists through the IRP. Interstate commerce does not fall within NCDMV's purview.

- (6) Whether any legislative changes are necessary to ensure North Carolina registered commercial motorcoaches are not at a competitive disadvantage with commercial motorcoaches registered in other states and jurisdictions.

Legislation may already exist in §62 Article 12.

- (7) Any other topic or issue the Division of Motor Vehicles determines to be relevant to this study.

The Division has determined North Carolina motorcoaches transiting the states with required IRP certifications are in compliance with North Carolina statute regarding Chapter 20 and IRP Inc. However, IRP only grants authority for vehicle operation in registered states and leaves the authority to conduct commerce in those states resting with other state agencies.



# APPENDIX

## APPENDIX A

### Virginia DMV Operating Authority Certificate or License Application



#### OPERATING AUTHORITY CERTIFICATE OR LICENSE APPLICATION (APPLICATION AND INSTRUCTIONS)

OA150-I (04/24/2018)

**Purpose:** Use this form to apply for authority to operate as a motor carrier within Virginia under the authority types identified below. For information on how to obtain For-Hire Intrastate Operating Authority for types of for-hire services not identified below, visit [www.dmvNow.com](http://www.dmvNow.com).

**Instructions:** To ensure accurate and timely processing of your application, read and follow all steps outlined in the Operating Authority Certificate Application Instructions (OA 150-I).

**Please be aware of the following prohibition:** If you have been or are found guilty of performing, offering, advertising, providing, procuring, or arranging by contract, agreement, or arrangement to transport passengers for compensation without the required license, permit, or certificate through either a conviction resulting from a Virginia Uniform Summons or a civil penalty appropriately assessed by DMV, you will be denied the license, permit, or certificate requested for a period of 12 months beginning from the date of the conviction or assessment of the civil penalty. This prohibition does not apply to Household Goods authority type applicants.

#### SECTION 1 -- APPLICATION AND AUTHORITY TYPES

Selecting the correct "Authority Type" is important as these selections impact how DMV will process your application. Authority types available are defined below:

##### ALL APPLICATIONS MUST INCLUDE:

- A \$50.00 nonrefundable filing fee.
- A Surety Bond or Irrevocable Letter of Credit (Additional information provided in the "Authority Types" section).
- A tariff if applying for Household Goods Authority (refer to Household Goods section below).
- A Power of Attorney document (from your surety company).

#### AUTHORITY TYPES

##### BROKER - PASSENGER -- Select this authority type if:

- ▶ you would like to obtain OR change a For-Hire Intrastate Operating Authority License to arrange for the transportation of passengers within Virginia by companies authorized by the Virginia Department of Motor Vehicles (DMV) to transport passengers. The following requirements MUST be met:

##### ◆ You must:

- ensure the transporting carrier is authorized by DMV to transport passengers.
- provide your service to the general public without discrimination.
- report any change of address to DMV Motor Carrier Services within 30 days.
- ensure the number of your license appears in any advertisement for your services.
- maintain a copy of the certificate of public convenience and necessity issued to those carriers through which transportation is arranged.

- notify DMV in writing within 30 days if you discontinue your services.

- maintain a surety bond or irrevocable letter of credit in the amount of \$25,000 for as long as the license is active.

NOTE: Refer to form OA435 - Passenger Carrier and Passenger Broker Bond or form OA447 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on [dmvNow.com](http://dmvNow.com).

##### CONTRACT PASSENGER -- Select this authority type if:

- ▶ you would like to obtain a For-Hire Intrastate Operating Authority Certificate to contract to transport groups of passengers within Virginia and will charge a group fee for your services. The following requirements MUST be met:

##### ◆ You must:

- conduct trips that are PREARRANGED under a contract made with a group through a representative of the group.
- contract with groups for at LEAST a one-hour time period, even if the trip lasts less than one hour.
  - no other group(s) may be transported during the timeframe of the contract.
- carry a copy of the contract or of a trip sheet in the vehicle during the trip. The contract or trip sheet must contain:
  - the name of the passengers who arranged for the use of the vehicle
  - the origin and destination of the trip
  - the date and approximate pick up time
- maintain the contract or trip sheet at your place of business for three years
- make the contract or trip sheet immediately available to any of the following upon request:
  - DMV
  - law enforcement
  - airport authority
- provide your service to the general public without discrimination.
- ensure the number of your certificate appears in any advertisement for your services.

NOTE: advertisements for your services may not contain untrue, misleading, or deceptive information.

- maintain a surety bond or irrevocable letter of credit in the amount of \$25,000. The bond must be kept in effect for 3 years from the issue date of the operating authority certificate.

NOTE: Refer to form OA435 - Passenger Carrier and Passenger Broker Bond or form OA447 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on [dmvNow.com](http://dmvNow.com).

- ◆ You may not station your vehicle(s) in front of or across the street from a hotel/motel, or within 100 feet of a taxicab stand without a completed trip sheet or contract order in the vehicle(s), or a written agreement with an airport authority or hotel/motel owner providing office space for your business at the airport/hotel/motel.

- ◆ If your application is approved, you will be required to have proof of insurance filed with DMV by your insurance company. Required minimum amount is as follows:

Minimum Bodily Injury and Property Damage Amount	Total Passengers (including driver)
\$350,000	1 to 6
\$1,500,000	7 to 15
\$5,000,000	16 or more

### SECTION 1 -- APPLICATION AND AUTHORITY TYPES (continued)

#### HOUSEHOLD GOODS -- Select this authority type if:

- you would like to obtain a For-Hire Intrastate Operating Authority Certificate to transport household goods\* (See Definition below) within Virginia. The following requirements MUST be met:

- ◆ You must:
  - provide your service to the general public without discrimination.
  - transport household goods as defined below.
  - carry a copy of the bill of lading when you are transporting the household goods.
- NOTE: You must maintain a copy of the bill of lading at your place of business for at least three years.
- follow the procedures below if you receive a written claim of loss or damage:
  - On the claim itself, write the date you received it.
  - Within 30 days, send the claimant a written acknowledgement of receipt of the claim.
  - Within 120 days you must
    - ◇ pay the claim, OR
    - ◇ send written notification that you decline to pay the claim, OR
    - ◇ make a firm compromise settlement offer in writing.
  - If the claim is not processed or disposed of within 120 days, send the claimant a written report of the status of the claim every 30 days, along with the reasons for the delay.
- file a tariff that includes all of your rates and any rules, policies or guidelines you will impose on your customers.
- NOT charge rates exceeding those listed in the tariff filed with DMV for deliveries over 30 miles.
- NOTE: For additional instructions and a sample tariff for Household Goods Carriers see form OA450 located under "Forms and Publications" on dmvNow.com.

- ◆ Before you can change your rates, you must
  - notify DMV, in writing, at least 30 days before you wish to make the change, and
  - have received written approval from DMV.
- ◆ You or your agent may publish a joint tariff with another carrier(s) if a power of attorney or notice of concurrence is filed with DMV.
- You must send written notification to DMV, at least 60 days in advance, before you can revoke the power of attorney or notice of concurrence.
- ◆ You may not, by contract or otherwise, shorten the length of time a person has for filing a claim to less than 30 days or shorten the time for filing a suit to less than two years.
- ◆ You must maintain a surety bond or irrevocable letter of credit in the amount of \$50,000. The bond must be kept in effect for 5 years from the issue date of the operating authority certificate.
- NOTE: Refer to form OA436 - Household Goods Carrier Bond or form OA456 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on dmvNow.com.
- ◆ If your application is approved, you will be required to have proof of insurance filed with DMV by your insurance company. Required minimum amount is as follows:

Minimum Bodily Injury and Property Damage Amount	Minimum Cargo Amount
\$750,000	\$50,000

\* HOUSEHOLD GOODS - personal effects and property used or to be used in a dwelling, when transported or arranged to be transported (i) between residences or (ii) between a residence and a storage facility with the intent to later transport to a residence. Transportation of such goods must be arranged and paid for by, or on behalf of, the householder.

#### SIGHT SEEING -- Select this authority type if:

- you would like to obtain a For-Hire Intrastate Operating Authority Certificate to transport the general public to and from points of interest in Virginia primarily for the passengers' experience and enjoyment and/or to promote tourism. The following requirements MUST be met:

- ◆ You must:
  - provide service to the general public without discrimination.
  - NOT refuse service without good cause.
  - operate only on a round trip basis.
  - issue a ticket that displays the points of interest and the round-trip fare.
  - ensure the number of your certificate appears in any advertisement for your services.
    - advertisements for your services may not contain untrue, misleading, or deceptive information.
- ◆ You must maintain a surety bond or irrevocable letter of credit in the amount of \$25,000. The bond must be kept in effect for 3 years from the issue date of the operating authority certificate.
- NOTE: Refer to form OA435 - Passenger Carrier and Passenger Broker Bond or form OA447 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on dmvNow.com.

- ◆ If your application is approved, you will be required to have proof of insurance filed with DMV by your insurance company. Required minimum amount is as follows:

Minimum Bodily Injury and Property Damage Amount	Total Passengers (including driver)
\$350,000	1 to 6
\$1,500,000	7 to 15
\$5,000,000	16 or more

## SECTION 2 -- BUSINESS INFORMATION

Complete all fields in this section as described below:

**BUSINESS NAME** - enter the legal name used to register your business.  
**FEDERAL TAX IDENTIFICATION NUMBER** - Internal Revenue Service assigned number that identifies your business entity.

**TRADE NAME OR DOING BUSINESS AS** - enter the name by which people know your business. Only complete this field if this name is different than your "Business Name".

**BUSINESS STREET ADDRESS** - enter the street number and name of your business' physical location. This location must be where the routine day to day operations of the business are conducted, owned or leased by the applicant, satisfy all applicable local zoning regulations, houses all records, and be equipped with a working telephone listed in the business name.

**CITY** - enter the city name of your business' physical location.

**STATE** - enter the state name of your business' physical location.

**ZIP CODE** - enter the postal zip code for your business' physical location.

**BUSINESS MAILING ADDRESS** - enter the mailing address (street number and name OR P.O. Box) for your business. Only required if different than business' physical location.

**CITY** - enter the city of the mailing address for your business.

**STATE** - enter the state of the mailing address for your business.

**ZIP CODE** - enter the postal zip code of the mailing address for your business.

**COUNTY NAME** - if your business is located in Virginia, enter the county name for the business' physical location (if applicable).

**BUSINESS TELEPHONE NUMBER** - the number at which your business can be reached during business hours, this number must be listed or advertised in the name of the business.

**BUSINESS FAX NUMBER** - FAX transmissions sent to the physical location of your business will use this number.

**PRIMARY CONTACT PERSON NAME** - enter the name of the person who will serve as the primary DMV contact for any questions regarding your application or business.

**PRIMARY CONTACT TELEPHONE** - enter the best number to reach the primary contact person listed for your business.

**PRIMARY CONTACT FAX NUMBER** - enter the best number to send FAX transmissions to the business' primary contact person.

**PRIMARY CONTACT PERSON TITLE** - enter the official business title of the business' primary contact person.

**PRIMARY CONTACT EMAIL ADDRESS** - enter the email address for the business' primary contact person.

## SECTION 3 -- BUSINESS ENTITY INFORMATION

READ INSTRUCTIONS carefully, then complete with applicable business officials.

## SECTION 4 -- LICENSE / CERTIFICATE INFORMATION

Answer questions in this section accurately and provide additional information as appropriate.

**IRP ACCOUNT NUMBER / IFTA LICENSE NUMBER** - enter the IRP account number(s) or IFTA license number that you currently hold or have previously held.

**BASE STATE** - enter the name of the jurisdiction that serves as your base state for IFTA/IRP.

**CERTIFICATE / LICENSE TYPE** - if your business has had an operating authority certificate or license denied, suspended or revoked, enter the type of certificate or license that was denied, suspended or revoked.

**CERTIFICATE / LICENSE NUMBER** - enter the certificate or license number(s) associated with the denial, suspension or revocation.

**CERTIFICATE / LICENSE WAS** - Check appropriate box to indicate if your certificate or license was denied, suspended or revoked.

**REASON** - enter the reason why your certificate or license was denied, suspended or revoked.

## SECTION 5 -- CERTIFICATION

Carefully read this section, then sign and date where indicated.

## SECTION 6 -- PAYMENT METHODS

A \$50.00 non-refundable filing fee must be included with this application. If this application is returned to you, you may be required to pay another \$50.00 filing fee.

## CONTACT INFORMATION

If you have additional questions or need assistance, you can contact a Motor Carrier Services Representative at:

804-249-5130 (voice)

(800) 272-9268 (deaf and hearing impaired only)

(804) 367-1058 (fax)

mcsonline@dmv.virginia.gov (e-mail)

## OPERATING AUTHORITY CERTIFICATE OR LICENSE APPLICATION

1. APPLICATION AND AUTHORITY TYPES				
<b>AUTHORITY TYPE REQUESTED</b>				
<input type="checkbox"/> BROKER - PASSENGER <input type="checkbox"/> CONTRACT PASSENGER <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> SIGHT SEEING				

2. BUSINESS INFORMATION				
BUSINESS NAME (For Individual applicants give your full legal name)			FEDERAL TAX IDENTIFICATION NUMBER	
TRADE NAME OR DOING BUSINESS AS (if different from Business Name)				
BUSINESS STREET ADDRESS (do not give P.O. Box)	CITY	STATE	ZIP CODE	
BUSINESS MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE	
COUNTY NAME (if Virginia Address)		TELEPHONE NUMBER	FAX NUMBER	
PRIMARY CONTACT PERSON NAME		TELEPHONE NUMBER	FAX NUMBER	
PRIMARY CONTACT PERSON TITLE		PRIMARY CONTACT PERSON EMAIL ADDRESS		

3. BUSINESS ENTITY INFORMATION				
Virginia law requires DMV to determine if persons applying for operating authority are fit to provide the service. Va. Code §19.2-389(30) authorizes the release of criminal history information to DMV in order to evaluate certificate/license applicants. In addition, DMV will review your driving record. The information requested below must be provided for:				
<ul style="list-style-type: none"> <li>The owner of the business if you are applying as a sole proprietor (individual),</li> <li>Each partner of the business if applying as a partnership, limited partnership (LP), or limited liability partnership (LLP),</li> <li>Each member and/or manager if applying as a limited liability company (LLC), or</li> <li>Each officer if applying as a corporation.</li> </ul>				
If any of the business officials listed below holds a driver's license issued by a state other than Virginia, you <b>must</b> enclose a current <b>CERTIFIED</b> copy of that person's driving record with this application.				
FULL LEGAL NAME	DRIVER LICENSE NUMBER	ISSUING STATE (certified copy required if not issued by VA)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

4. LICENSE / CERTIFICATE INFORMATION			
Does your business have an IFTA or an IRP account? <input type="checkbox"/> NO - Skip to the next question <input type="checkbox"/> YES - enter applicable information		IFTA LICENSE NUMBER BASE STATE	
IRP ACCOUNT NUMBER	BASE STATE	IRP ACCOUNT NUMBER	BASE STATE
Has your business or any official of the business had any type of local, state, or federal certificate or license denied, suspended, or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES - list certificate / license type(s) and number(s) below.			
Certificate / License Type	Certificate / License Number	Certificate / License was: (check if applicable)	Reason
		<input type="checkbox"/> DENIED	
		<input type="checkbox"/> SUSPENDED/REVOKED	
		<input type="checkbox"/> DENIED	
		<input type="checkbox"/> SUSPENDED/REVOKED	
Have you as a sole proprietor, or a partner, or the business name provided above, or any business official listed above, ever been convicted or assessed a civil penalty for operating, offering, advertising, providing, procuring, furnishing or arranging to transport passengers for compensation without first obtaining a license, permit or certificate from DMV? <input type="checkbox"/> NO <input type="checkbox"/> YES - provide additional detail below.			
FULL LEGAL NAME		<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)
FULL LEGAL NAME		<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)

**5. CERTIFICATION**

I certify that I will comply with all of the applicable provisions of the Code of Virginia, Title 46.2, and with all applicable requirements prescribed by the Virginia Department of Motor Vehicles. I affirm that all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied and that I am in compliance with the Worker's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make these certifications and affirmations under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I understand that any Virginia Operating Authority certificate or license issued to me can be suspended and revoked if any of the information in the application is found to be untrue or inaccurate.

APPLICANT OR AUTHORIZED REPRESENTATIVE NAME	APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE	
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)	



**STOP** AVOID DELAYS in processing your application, review instructions to ensure you have completed this application correctly.

**6. PAYMENT METHODS**

Applicants must include a NON-REFUNDABLE \$50.00 fee with this application. If this application must be returned to you for any reason, you may be required to pay another \$50.00 filing fee.  
(Check one.)

☐ CHECK / MONEY ORDER -- Made payable to DMV    ☐ CREDIT CARD / E-Check -- provide contact number →

TELEPHONE NUMBER  
(      )

**NOTE:** In our continuing effort to safeguard customer information, DMV does not accept credit card payments by mail or email. You may pay with a credit card by having a Motor Carrier Services Representative contact you. We accept checks and money orders via mail.



## APPENDIX B

### South Carolina Class C Charter Bus Application Process License Application

Print Instructions  
and Application

#### Class C CHARTER BUS APPLICATION PROCESS

##### **Step 1: Complete and Submit the Application.**

- A. Complete all sections of the Transportation Cover Sheet and Application.
- B. Provide all signatures as required.
- C. Application must be notarized in appropriate areas.
- D. If Applicant is incorporated, please attach Articles of Incorporation.
- E. Call the Public Service Commission at 803-896-5100 with any questions regarding the completion of the Transportation Cover Sheet and Application.
- F. Mail completed Transportation Cover Sheet and Application to:  

<b>Public Service Commission</b>		<b>Office of Regulatory Staff</b>
<b>Docketing Department</b>	and	<b>Transportation Department</b>
<b>Post Office Drawer 11649</b>		<b>1401 Main Street, Suite 900</b>
<b>Columbia, SC 29211</b>		<b>Columbia, SC 29201</b>
- G. Contact the Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the certification process.

##### **Step 2: Application is assigned a Docket Number.**

- A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at <http://dms.psc.sc.gov/dockets>.

[Link to DMS](http://dms.psc.sc.gov/dockets)

##### **Step 3: Public Service Commission Action**

- A. The Commission may discuss and approve or deny the application during a regularly scheduled Public Service Commission meeting.
- B. Applicant will receive an Order approving or denying the application from the Commission.
- C. If approved, Applicant has 60 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

##### **Step 4: Compliance with the Public Service Commission Rules and Regulations**

- A. Safety Audit and Certification
  - 1. Contact the SC State Transport Police at (803) 896-5500 to schedule a safety audit.
  - 2. Complete and return the Safety Certification to the ORS.  
**Office of Regulatory Staff**  
**Transportation Department**  
**1401 Main Street, Suite 900**  
**Columbia, SC 29201**  
**Fax: (803) 737-0815**
- B. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the Form E with ORS.  
**Office of Regulatory Staff**  
**Transportation Department**  
**1401 Main Street, Suite 900**  
**Columbia, SC 29201**  
**Fax: (803) 737-0815**

##### **Step 5: Issuance of Certificate**

- A. Applicant will receive a certificate upon completion of Step 4.
- B. **Operation without the certificate is prohibited.**

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100      FAX: (803) 896-5199

**APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE**

**CLASS C - CHARTER BUS**

Date: \_\_\_\_\_

Application is hereby made for a Class C - Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

\_\_\_\_\_

\_\_\_\_\_

Street Address of Applicant

\_\_\_\_\_

Mailing Address of Applicant if different from street address

\_\_\_\_\_

Phone

\_\_\_\_\_

FAX

\_\_\_\_\_

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF EQUIPMENT**

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

\_\_\_\_\_  
Name of Motor Carrier

\_\_\_\_\_  
Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_ Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers      \$ 25,000/300,000/25,000**

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

---

Name

---

U.S.D.O.T No.

---

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes                      ☐ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory              ☐ Conditional              ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes                      ☐ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes                      ☐ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☐ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☐ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

I, \_\_\_\_\_ , \_\_\_\_\_  
Name of Applicant's Representative Title

of \_\_\_\_\_ ,  
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

\_\_\_\_\_  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_

**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

\_\_\_\_\_  
Applicant's Name

### **Safety Certification**

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392,395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes                      ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes                      ☐ Not Applicable

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

I, \_\_\_\_\_, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_

**Personal Identification Information**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Employer  
Identification Number: \_\_\_\_\_

\*\*\*\*\* **Confidential** \*\*\*\*\*

**For Internal Use Only**

**Print Application**

## APPENDIX C

### **Georgia Application for a Passenger Permit (Charter Operations)**



GEORGIA DEPARTMENT OF PUBLIC SAFETY  
MCCD, REGULATIONS COMPLIANCE  
P.O. Box 1456  
ATLANTA, GEORGIA 30371 (404)  
624-7244 OR (404) 624-7243  
[www.gamccd.net](http://www.gamccd.net)

#### **APPLICATION FOR A PASSENGER PERMIT (CHARTER OPERATIONS)**

This permit allows you to **transport passengers** and **charge per vehicle, flat rate, or hourly (charter service)**.

These are instructions for applying for a Passenger Permit.

It will take about nine (9) to twelve (12) weeks to process an application from the time DPS receives it, until the time it is approved. MOTOR CARRIER CANNOT OPERATE UNTIL A PERMIT IS RECEIVED FROM DPS; TO DO OTHERWISE IS A VIOLATION OF GEORGIA LAW.

Also, motor carriers applying for Passenger Certificates and Permits must have their vehicles inspected by DPS before they begin motor carrier operations. This is also an annual requirement.

1. Complete, sign, and have the application notarized
2. The application must be accompanied by a cashier's check, certified check, or money order, for the amount of **\$75.00** made payable to the Georgia Department of Public Safety. Non certified funds such as company checks and personal checks **are not** accepted. Also, please do not submit cash.
3. If Incorporated attach a copy of the Articles of Incorporation and a copy of the Certificate of Incorporation from the Secretary of State's office.
4. If a Limited Liability Company, attach a copy of the Articles of Organization and copy of the Certificate of Organization from the Secretary of State's Office.
5. All owners, partners, and officers must complete the Consent for Background Investigation forms and obtain a statewide background check from their state of



residence, and subsequently submit the background reports to the Georgia Department of Public Safety. Said reports can be purchased from your local sheriff department or police departments. NOTE: Georgia Residents must complete a Georgia Crime Information Center (**GCIC**) background check.

6. If you are operating solely within the state of Georgia (not crossing state lines) with vehicles in excess of 10,000 lbs., Gross Vehicle Weight Rating (GVWR), you must also obtain a Georgia USDOT Number from the Federal Motor Carrier Safety Administration; <http://www.fmcsa.dot.ga.gov>. The telephone number is: **(855) 406-5221 or (678) 284-5130**. The specific form required to obtain a Georgia USDOT Number is the MCS-150 (Motor Carrier Identification Number) form. This form may be here: [http://dps.georgia.gov/00/channel\\_title/0,2094,5635600\\_54361307,00.html](http://dps.georgia.gov/00/channel_title/0,2094,5635600_54361307,00.html)
7. If you are operating solely within Georgia you must register your vehicles under the **Georgia Intrastate Motor Carrier (GIMC)** Program with the Georgia Department of Public Safety. You can register online at: <https://www.gamccd.net>
8. If the passenger capacity of the vehicle is 16 or more including the driver, operators must obtain a Commercial Driver's License (CDL) with a Passenger endorsement from the Department of Driver Services (DDS). The telephone number is: (678) 413-8400. Email: <http://www.dds.ga.gov/Commercial/index.aspx>
9. Have your insurance company submit a Form E (Commercial Liability & Property Damage Insurance) to the Georgia Department of Public Safety. The forms may be mailed to the Georgia Department of Public Safety, MCCD Regulations Compliance, P.O. Box 1456, Atlanta, Georgia 30371, or faxed to DPS at 404-624-7246.
10. Provide proof of compliance with Georgia's Worker's Compensation laws, if applicable
11. Attend a training class on the laws of Georgia and the rules and regulations of the Georgia Department of Public Safety. Upon receipt of your application, you will receive a date, time, and place of this training.
12. Contact the Department of Public Safety to schedule your vehicles for a safety inspection performed by a MCCD officer at (404) 624-7244. This is an annual requirement for passenger carriers.
13. All owners, partners, and officers must submit a current **"Certified"** 3-Year Driver's History Report (MVR) to the Department of Public Safety (DPS) with this application. The **"Certified"** Driver's History Report can be obtained in person from one of the Department of Driver Services (DDS) Customer Service Centers located throughout the state; you may download a copy of the necessary form from our website at [www.gamccd.net](http://www.gamccd.net). Also, a Certified copy of may be ordered online at <http://www.dds.ga.gov/>. **Non-certified copies of the MVR will not be accepted.**

**Note: You must obtain Commercial Liability/Property damage insurance for your vehicles at the prescribed minimum limits listed below:**

**INSURANCE REQUIREMENTS**

Vehicle Seating Capacity	Limit for bodily injury to or death of one person	Limit of bodily injuries to or death of <u>all</u> persons injured or killed in any one accident (subject to a maximum of \$100,000 for bodily injuries or death of one person)	Limit for loss or damage in any one accident to property of others  (Excluding cargo)
12 Passenger Capacity or less	\$100,000	\$300,000	\$50,000
Over 12 Passenger Capacity	\$100,000	\$500,000	\$50,000

Contact the Georgia Department of Public Safety, MCCD Regulations Compliance if you have any questions: (404) 624-7243.

Notify the Georgia Department of Public Safety, MCCD-Regulations Compliance Section in writing when adding vehicles to your fleet. Provide name of company, type of vehicle, Vehicle Identification Number (VIN), passenger capacity, and how you will be charging your customers. Also contact your insurance company and request submission of the Accord Certificate of Liability and vehicle declaration page to verify that the vehicle(s) has been added to your commercial liability and property damage insurance. These forms may be mailed to the address on the first page of the application, or faxed to (404) 624-7246, MCCD-Regulations Compliance Section.

Notify the Georgia Department of Public in writing for change of address or business telephone number. Also, contact same for proper procedures on changing the name of your company.

***See Next Page***



**GEORGIA DEPARTMENT OF PUBLIC SAFETY  
MCCD, REGULATIONS COMPLIANCE  
P.O. Box 1456  
ATLANTA, GEORGIA 30371 (404)  
624-7244 OR (404) 624-7243  
[www.gamccd.net](http://www.gamccd.net)**

***Please Read & Be Advised:***

**PROHIBITION AGAINST CONSUMPTION OF ALCOHOLIC BEVERAGES BY  
PERSONS UNDER THE AGE OF 21:**

The Georgia Department of Public Safety wishes to provide all carriers and drivers with the following important information. It is illegal for persons under the age of 21 to consume alcohol while being transported by a carrier. (Ref: OCGA 40-1-160).

**Pursuant to O.C.G.A. § 3-3-23**, it is illegal to furnish alcoholic beverages to persons under the age of 21. Passenger carriers are required to comply with the following statutes:

**O.C.G.A. § 3-3-23(a):** Except as otherwise authorized by law:

(1) No person knowingly, directly or through another person, shall furnish, cause to be furnished, or permit any person in such person's employ to furnish any alcoholic beverage to any person under 21 years of age...;

(h) In any case where a reasonable or prudent person could reasonably be in doubt as to whether or not the person to whom an alcoholic beverage is to be sold or otherwise furnished is actually 21 years of age or older, it shall be the duty of the person selling or otherwise furnishing such alcoholic beverage to request to see and to be furnished with proper identification as provided for in subsection (d) of this Code section in order to verify the age of such person.

Failing to adhere to this prohibition by any certificated or permitted carrier may result criminal prosecution and/or civil penalties. Additionally, carriers violating this provision may have their Certificates and/or Permits revoked by the Department.



**GEORGIA DEPARTMENT OF PUBLIC SAFETY  
MCCD, REGULATIONS COMPLIANCE  
P.O. Box 1456  
ATLANTA, GEORGIA 30371 (404)  
624-7244 OR (404) 624-7243  
[www.gamccd.net](http://www.gamccd.net)**

**APPLICATION FOR A PASSENGER PERMIT TO OPERATE AS A PASSENGER CARRIER (Charter)**  
within the State of Georgia in the transportation of passengers and their baggage hereinafter  
set forth, in intrastate commerce. Please type application or print legibly.

<b>Applicant's Legal Name</b> <i>(Your Name)</i>							
<b>DBA Name</b> <i>(If applicable)</i>							
<b>Company Name</b> (as it appears on insurance filings)							
<b>USDOT or GA DOT Number</b>				<b>Email Address</b>			
<b>Business Address</b> (physical address)							
<b>City</b>		<b>County</b>		<b>State</b>		<b>Zip Code</b>	
<b>Mailing Address</b> (if different from above)							
<b>City</b>		<b>County</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Telephone Number</b>				<b>Business Fax Number</b>			
<b>Cell Phone Number</b>		<b>Other Phone Number</b>					
<b>Are you a citizen of the United States?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If "No," you must provide federal documentation, verified by the U.S. Department of Homeland Security, of your lawful presence in the U.S. under federal immigration law.</i>							

**APPLICANT REPRESENTATIVE'S INFORMATION**

(To whom inquiries may be made. If you are representing yourself, enter name and address here)

<b>Name</b>							
<b>Street Address</b>							
<b>City</b>		<b>County</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Phone Number</b>			<b>Business Fax Number</b>				
<b>Cell Phone Number</b>			<b>Email Address</b>				

Application is hereby made on the basis of statements hereinafter set forth for a PERMIT to operate as a motor carrier, for hire, transporting passengers and their baggage in intrastate commerce in Georgia.

**Section One: Organization**

Application is for: ☐ **INDIVIDUAL** ☐ **CORPORATION** ☐ **PARTNERSHIP** ☐ **LLC**

**Actual State of Incorporation:** \_\_\_\_\_

If a corporation, complete information below and attach a copy of certificate and articles of incorporation or organization from the Secretary of State or other agency in state where incorporated which shows approval of corporate name, directors, and stockholders.

**NAMES AND ADDRESSES OF OFFICERS**

<b>President</b>		<b>Address</b>	
<b>Vice President</b>		<b>Address</b>	
<b>Treasurer</b>		<b>Address</b>	

<b>Secretary</b>		<b>Address</b>	

*If applicant is a partnership, or association, designate a partner or an officer who will serve as the main contact person for all matters related to the transportation of passengers.*

<b>Name</b>		<b>Address</b>	
-------------	--	----------------	--

If applicant is a non-resident of Georgia, give the following information of a process agent or Attorney in Fact in the State upon whom process may be served in any suit instituted against applicant:

<b>Name &amp; Title</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Telephone Number</b>			<b>Business Fax Number</b>		
<b>Cell Phone Number</b>			<b>Email Address</b>		
<b>Does applicant understand that he will be required to maintain commercial liability and property damage insurance in the amounts prescribed by the Georgia Department of Public Safety?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does applicant certify that he/she is in compliance with the Worker's Compensation laws of this state?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Give the number of vehicles owned or permanently leased based in Georgia or elsewhere by applicant on the date of this application; list passenger capacity of each separately, if different:*

<b>TYPE</b>	<b>TOTAL NUMBER</b>	<b>PASSENGER CAPACITY OF EACH</b>
<b>Sport Utility Vehicle (Extended)</b>		
<b>Van</b>		
<b>Bus</b>		

<b>Mini-Bus</b>		
<b>Other:</b> (list)		
<b>Other:</b> (list)		

**NOTE: Notify MCCD Regulations Compliance whenever you add additional vehicles to your fleet**

*Give address in Georgia where copies of invoices, business records, etc., will be maintained (housed):*

<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
Is the Above Address your Residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## VEHICLE LIST

PLEASE RECORD INFORMATION FOR ALL VEHICLES, INCLUDING TRAILERS, UTILIZED UNDER AUTHORITY GRANTED BY THE DEPARTMENT OF PUBLIC SAFETY. NOTE: IF A VEHICLE IS NOT ON THIS LIST IT IS NOT AUTHORIZED FOR USE UNDER THE AUTHORITY GRANTED.

Vehicle Type	Unit Number	Vehicle Identification Number	Year & Make Of Vehicle

**Vehicle Type:** Enter as applicable: Motor coach, bus, shuttle, van, limo, sedan, truck, tractor, trailer, etc.



**SECTION TWO: SERVICE PROPOSED**

<b>Does applicant plan to render regular and continuous service and undertake to carry and hold himself/herself out as ready and willing to transport passengers for hire, which he/she is authorized to carry?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The City where Base of Operation will be established</b>	

**Describe the territory in which the applicant proposes to operate. This may be done in terms of a base point and mileage radius (Example: 75 Miles of Atlanta, Georgia)**


**SEE NEXT PAGE**

### **SECTION 3: FINANCIAL STATEMENT**

Applicant represents that he/she is financially able to furnish the service proposed in this application and attaches hereto copies of the most recent balance sheet, income and expense statement. If applicant has no such financial statements, personal assets may be used, but please provide documentation (e.g. real estate bill, mortgage statements vehicle titles and bank statements showing liabilities and value of property owned:

#### **ASSETS**

Real Estate (Value)	\$
Personal Property (Value)	\$
Plant & Equipment (Value)	\$
Cash & Deposits	\$
<b>TOTAL</b>	<b>\$</b>

#### **LIABILITIES**

Capital Stock	\$
Equipment	\$
Judgments	\$
All Other Liabilities	\$
<b>TOTAL</b>	<b>\$</b>

<b>NET WORTH*</b> (Total Assets minus Total Liabilities)	<b>\$</b>
---	-----------

**\*Minimum of \$50,000 is REQUIRED for Approval; personal assets may also be used.**

#### **COMMENTS**


#### SECTION FOUR: HISTORY

Is applicant familiar with the rules and regulations of the Georgia Department of Public Safety, which govern the operation of motor vehicles for hire, including the DPS's commercial vehicle & hazardous materials safety rules and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above question is "NO," does the applicant agree to obtain a copy of these rules, familiarize himself/herself with same, and operate safely in accordance therewith?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior to this application, has applicant been declared "Bankrupt" in Federal Bankruptcy Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" give a brief description below of declaration and attach copies of court documents	
Prior to this application, has applicant paid any fines or been convicted of any offense(s) relating to the operation of motor vehicles or trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" give a brief statement below describing the incidents (most recent first)	

Subscribed & Sworn before me, \_\_\_\_\_  
(Signature of Applicant or authorized person – **USE BLUE INK**)

This \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
Notary Signature: (Use **Blue Ink** & Seal)

My Commission expires: \_\_\_\_\_

**AFFADAVIT  
IN SUPPORT OF INTERIM CERTIFICATE**

<b>Carrier Name</b> <i>(Person completing Affidavit)</i>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Title of Person completing Affidavit</b>					
<b>Responsibilities with the Company</b>					
<b>What experience do you have in the type of business you are applying for authority to conduct?</b>					
<b>Insurance Coverage (Mileage Radius Your Insurance Covers)</b>					

I understand that this application is for PASSENGER PERMIT. I understand that I must always utilize safe vehicles and use safe, responsible drivers to transport passengers. I further agree to abide by all DPS rules and regulations, if this authority is granted.

Subscribed & Sworn before me, \_\_\_\_\_  
(Signature of Applicant or authorized person – *USE BLUE INK*)

This \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
Notary Signature: (Use *Blue Ink* & Seal)  
My Commission expires: \_\_\_\_\_

## **PAST BUSINESS PRACTICE DISCLOSURE**

Applicants for certificates or permits must disclose all current or past business associations or affiliations with any other DPS regulated entity within the past 3 years. For example such relationships may be through actual ownership, partnership, percentage of stock ownership, a management position, or serving as a corporate officer in such regulated entity. Applicants must also disclose the company name, address, and USDOT number of all such associations or affiliations.

In considering the aforementioned, have you been served in a management, partnership, or corporate officer position in the household goods, passenger carrier, limo carrier, or non consensual towing companies? ☐ **Yes** ☐ **No** (if yes disclose all details of your affiliation below. Add as many pages as needed. Attach to application):


Subscribed & Sworn before me, \_\_\_\_\_  
(Signature of Applicant or authorized person – **USE BLUE INK**)

This \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
Notary Signature: (Use **Blue Ink** & Seal)

My Commission expires: \_\_\_\_\_

**STATEMENT OF**  
**SAFETY AWARENESS**  
**AND**  
**AND CERTIFYING IDENTIFICATION MARKINGS OF VEHICLES**

I do hereby CERTIFY knowledge of the applicable Department of Public Safety rules, regulations, standards, and orders, as well as other applicable Georgia laws, and declare that all operations will be conducted in compliance with such requirements.

I further CERTIFY that all vehicles operated under the authority granted by the Georgia Department of Public Safety will be durably marked on both sides of the body or cab of the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of fifty (50) feet during daylight hours while the vehicle is stationary, with the name of the motor carrier and the USDOT number. For intrastate (operating solely within Georgia) carriers see the Georgia Department of Public Safety Rulebook, Chapter 1 (1-390.21(h)); for carriers operating in interstate (cross state lines) commerce, see Title 49, CFR 390.21.

Example:

<b>Harrison Bus Co, Inc.</b>
<b>USDOT 000000 GA</b>

Subscribed & Sworn before me, \_\_\_\_\_  
(Signature of Applicant or authorized person – *USE BLUE INK*)

This \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
Notary Signature: (Use *Blue Ink* & Seal)

My Commission expires: \_\_\_\_\_



# APPLICANTS APPLYING FOR INTRASTATE AUTHORITY

Georgia Department of Public Safety  
MCCD, Regulations Compliance P.O.  
Box 1456  
Atlanta, GA 30371  
(404) 624-7244 or (404) 624-7241  
[www.gamccd.net](http://www.gamccd.net)

## CONSENT FOR (NCIC) BACKGROUND INVESTIGATION

- Complete, sign, and have this form notarized;
- Present to local police or sheriff's department and request a background check report;
- Once you receive the results of the GCIC background check, attach the report to this form and mail to the attention of MCCD Regulations Compliance Section, at the above address.

(DPS use only) FILE Number		(DPS use only) Date Received			
(DPS use only) Permit Number				DPS Use only) Background	
Name (Last, First, Middle)					
Date Of Birth (month, day, year)					Male or Female
Drivers License Number				Social Security Number	
State of Issue		Date of Issue			
Do you hold any other drivers licenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so list license numbers & states	
Current Street Address					
City			State		Zip Code
Phone Number			Email Address		
Company Name					
Company Address					
City			State		Zip Code
Phone Number				Email Address	

O.C.G.A. §40-1-153 requires each owner, partner and officers of corporations to provide the information contained herein. Providing false statements and information is a crime and will disqualify your application from being approved.

I hereby apply to the Georgia Department of Public Safety for a Certificate or Permit to operate a motor carrier company. I understand that my criminal and driver histories will be investigated, and hereby give my consent for the Georgia Department of Public Safety to conduct whatever investigations necessary to determine my eligibility to apply for and hold a Certificate or Permit. I understand that false, misleading, or incomplete information given in my application or on this Consent Form may result in denial, cancellation, suspension, revocation, of my Certificate or Permit, as well as criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith are complete, true, and correct.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle?

☐ Yes ☐ No

Subscribed & Sworn before me, \_\_\_\_\_  
(Signature of Applicant or authorized person – USE BLUE INK)

This \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
Notary Signature: (Use Blue Ink & Seal)  
My Commission expires: \_\_\_\_\_





**Georgia Department of Public Safety  
MCCD, Regulations Compliance P.O.  
Box 1456  
Atlanta, Georgia 30371  
(404) 624-7244**

Effective July 1, 2012, the Georgia Motor Carrier Act of 2012 (HB 865) transferred responsibility for regulation, certification, permitting, and enforcement of laws, rules, and regulations governing household goods movers, passenger carriers (motor coaches & buses), luxury limousine carriers, and non-consensual towing operations from the Georgia Public Service Commission to the Georgia Department of Public Safety.

The Georgia Department of Public Safety is primarily a law enforcement organization, and we encourage all motor carriers and drivers to comply with the Rules and Regulations of the Department, as well as Georgia law. Those who choose to operate illegally may face both criminal and civil penalties for non-compliance.

The Department is firmly committed to fair economic practices and the safe operation of motor vehicles. Under current Georgia law, motor carriers engaging in the intrastate (within Georgia) transportation of household goods and passengers are required to possess Certificates or Permits issued by the Georgia Department of Public Safety (DPS).

Additionally, limousine carriers and non-consensual tow operations are also required to possess Certificates or Permits issued by the DPS. Furthermore, drivers of luxury limousines and limousine carrier vehicles must have a "Chauffer's" endorsement on their driver's license, which is issued by the Georgia Department of Driver Services (DDS).

The Department recommends that ALL motor carriers provide us with a current and valid email address. Doing so, will facilitate communication between you and the Department, and in the long term, may save you money by providing a mechanism for us to immediately notify you of law or rule changes, new educational opportunities, and basic procedural changes within DPS. Email addresses can be obtained free of charge from your internet provider, or from many of the popular search engines on the Web.

The Georgia Department of Public Safety offers various outreach and educational opportunities to aid motor carriers in the proper registration and safe operation of motor vehicles. Please visit our website at [dps.georgia.gov](http://dps.georgia.gov) for further information. At our website you will find links to rules, regulations, laws, and various educational documents and forms.

Pennsylvania Fact Sheet**FACT SHEET****Bus, School Vehicle, Limousine, Taxi Registration****PURPOSE**

This fact sheet outlines the usage for the five different bus registration plates, the school vehicle registration plate, the limousine registration plate, and the taxi registration plate issued by PennDOT.

**REGISTRATION PLATE TYPES****Apportioned Bus**

This registration plate is issued for buses that require Federal Motor Carrier Safety Administration authority and travel on scheduled routes or charter services into or through other jurisdictions. Buses with this registration plate must also have an apportioned registration card. The apportioned bus registration plate is identified by the letters "BN" plus five digits and has the word "Apportioned" at the bottom.

**Mass Transit**

This registration plate is issued for buses (not school buses) that are owned or operated by a qualifying mass transportation system, regardless of the individual use of each bus. These tags are issued for municipal and authority buses as well as those owned by private companies. Private companies must hold a certificate with the Public Utility Commission or municipal, port or transportation authority. Registration plates issued to municipalities or other government agencies receive a permanent registration. Registration plates issued to private companies receive a registration which expires on May 31 of each year. The mass transit registration plate is identified by the letters "MT" plus five digits and has the words "Mass Transit" at the bottom. A vehicle carrying this registration plate may not be used outside of the commonwealth without an appropriate temporary permit of authorization.

**Standard Bus**

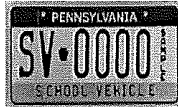
This registration plate is issued for buses or school buses which do not travel into or through other jurisdictions, but operate under the Public Utility Commission (PUC) Authority, Federal Motor Carrier Safety Administration (FMSCA) Authority or under The Allegheny County Port Authority. Although its registrants operate under PUC Authority, they may, on occasion, be leased for operations which do not require PUC Authority. At those times, the authority numbers must be concealed on the side of the bus. Buses with these registration plates may also be used as school buses. This registration plate is identified by the letters "BA" plus five digits and has the word "Bus" at the bottom. This registration plate may not be used on 11-15 passenger vehicles used to transport school children unless the vehicle was titled and registered as a bus prior to March 1, 1993. Effective January 1, 2016, buses used to provide interstate charter activities must obtain a trip permit prior to entering another jurisdiction.

**School Bus**

This registration plate is issued only for school buses that are used exclusively for school activities. The registrant may not use the bus for general transportation activities that are not directly related to school functions, or as a for-hire bus. If the bus is owned by a school district, the registration is permanent. All others must be renewed prior to the expiration date assigned. The registration plate is identified by the letters "SC" plus five digits and the words "School Bus" at the bottom.



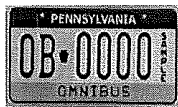
### School Vehicle



This registration plate is issued for vehicles designed to carry no more than ten passengers, including the driver, and used only for the transportation of school students while registered by or under contract with a school district, private or parochial school. This also includes vehicles having chartered, group and party rights under the PUC and used for the transportation of school children to or from public, private or parochial school activities. The registration for this vehicle must be renewed prior to the expiration date assigned. The standard school vehicle registration plate is identified by the letters "SV" plus five digits and the words "School Vehicle" at the bottom. This registration plate may not be used on 11-15 passenger vehicles used to transport school children, unless the vehicle was titled and registered as a bus prior to March 1, 1993.

**NOTE:** School vehicle registration plates may be personalized for an additional fee. To check personalized registration plate availability, visit PennDOT's Driver and Vehicle Services website, [www.dmv.pa.gov](http://www.dmv.pa.gov), and select the Plate Availability link from the list of services under the Online Services heading.

### Omnibus



This registration plate is issued for vehicles that do not have PUC Authority and, therefore, are generally not used as a for-hire bus. These vehicles are primarily owned by individuals, churches or other charitable organizations. If leased, these would not be long term leases, but rather trip leases. A copy of the trip lease should be carried in the vehicle. The standard omnibus registration plate is identified by the letters "OB" plus five digits and has the word "Omnibus" at the bottom. This registration plate may not be used on 11-15 passenger vehicles used to transport school children unless the vehicle was titled and registered as a bus prior to March 1, 1993.

**NOTE:** Omnibus registration plates may be personalized for an additional fee. To check personalized registration plate availability, visit PennDOT's Driver and Vehicle Services website, [www.dmv.pa.gov](http://www.dmv.pa.gov), and select the Plate Availability link from the list of services under the Online Services heading.

### Limousine



This registration plate is issued for vehicles designed for carrying no more than nine passengers, exclusive of the driver, and is used for the transportation of people for compensation. Limousine registration plates are used in "for hire" situations only where the services have been pre-arranged. In Pennsylvania, limousines are regulated by the Public Utility Commission (PUC), which ensures adequate insurance and vehicle safety regulations are being maintained. Limousine operations based in Philadelphia providing service between points within Philadelphia, and service from an airport, railroad station or hotel located in Philadelphia, are regulated by the Philadelphia Parking Authority (PPA) in a similar function as the PUC. Limousine carriers that hold operating authority from both the PUC and the PPA will be regulated by the PPA for transportation to and from Philadelphia. The PPA's scope of limousine service also includes carriers providing limousine service, airport transfer service and group and party service as defined by the PUC. This standard limousine registration plate is identified by the letters "LM" plus five digits and has the word "Limousine" at the bottom.

**NOTE:** Limousine registration plates may be personalized for an additional fee. To check personalized registration plate availability, visit PennDOT's Driver and Vehicle Services website, [www.dmv.pa.gov](http://www.dmv.pa.gov), and select the Plate Availability link from the list of services under the Online Services heading.

### Taxi



This registration plate is issued for motor vehicles designed for carrying no more than eight passengers, exclusive of the driver, on a call and demand service, and used for the transportation of persons for compensation. In Pennsylvania, taxis are regulated by the Public Utilities Commission (PUC) which ensures adequate insurance, charged rates and vehicle safety regulations are being maintained. Taxis operating within Philadelphia are regulated by the Philadelphia Parking Authority (PPA) in a similar function as the PUC. The standard taxi registration plate is identified by the letters "TX" plus five digits and the word "Taxi" at the bottom.

**NOTE:** Taxi registration plates may be personalized for an additional fee. To check personalized registration plate availability, visit PennDOT's Driver and Vehicle Services website, [www.dmv.pa.gov](http://www.dmv.pa.gov), and select the Plate Availability link from the list of services under the Online Services heading.

Registrations may be renewed for either a one-year or two-year registration period. Both registrations periods and the required fees are provided on the registration renewal form or Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees." **NOTE:** If the fee listed on the "2-yr. fee" block on the registration renewal form is "N/A," the motor vehicle type is not eligible to renew for a two-year period. In addition, motor vehicles registered under the International Registration Plan and motor vehicles with a seasonal registration, are not eligible to renew for two-year period.

### School Buses - School Vehicles - Limousine

Vehicles as Designed by Manufacturer *1	What Temporary Registration Plate to be Issued	Registration Plate Type	Restricted Use	Compensation
<b>School Bus</b> 11-72 Passengers	School Bus (SC)	School Bus (SC) Bus (BA), (BN) Municipal (MG) Official Use - State (PA) Omnibus (OB)	Yes No Yes Yes No	Yes Yes N/A N/A Yes *2
<b>School Vehicle</b> Less than 10 Passengers	Omnibus (OB) Request for exchange must be made for School Vehicle (SV) or Municipal (MG) if owned by school district	Omnibus (OB) School Vehicle (SV) Municipal (MG)	No Yes *5 Yes – School districts only	Yes Yes No
<b>Bus</b> 16-72 Passengers	Bus (BA)	Bus (BA), (BN) Municipal (MG) Official Use – State (PA) Omnibus (OB)	No Yes Yes No	Yes N/A N/A Yes *2
<b>Bus/Passengers</b> 11-15 Passengers	Bus (BA)	Bus (BA), (BN) Municipal (MG) Official Use - State (PA) Omnibus (OB)	Bus - No *3 Passengers - No	Yes N/A N/A Yes *2
<b>Passenger</b> 1-10 Passengers *2	Passenger	Passenger School Vehicle (SV) Bus (BA), (BN) Municipal (MG) Official Use - State (PA) Omnibus (OB)	No Yes No Yes Yes No	No Yes Yes N/A N/A Yes *2
<b>Limousine Commercial</b>	Omnibus (OB) Bus (BA) Request for exchange must be made for Limousine (LM)	Omnibus (OB) BUS (BA)  Limousine (LM)	No No  No	Yes Yes  Yes
<b>Limousine Non-Commercial</b>	Omnibus (OB) Passenger	Omnibus (OB) Passenger	Private Use / Not for Hire	No No
<b>Taxi</b> 1-8 Passengers	Bus (BA) Omni-Bus (OB) <b>NOTE:</b> No temporary plates allowed in Philadelphia	Taxi (TX)	Yes	Yes

\*1 - Removal or blocking of seats does not reduce design capacity

\*2 - With lease or contract for compensation

\*3 - Only if registered as a bus prior to 3-1-93

\*4 - Cannot be used to transport school children

\*5 - Only used to transport school children

## APPENDIX E

## Washington DC-IRP Motorcoach- Trip Permit Compliance

International Registration Plan Motorcoach – Trip Permit Compliance													
Registration Requirements	Conditions and Dependencies												
	DC School-owned Bus*	Non-DC School-owned Bus*	School-leased Bus (from company located in DC)*	School-leased Bus (company not located in DC, but has proportional registration in base jurisdiction and DC is reflected on the registration)*	School-leased Bus (company not located in DC and bus does not have proportional registration in base jurisdiction)	School-leased Bus (company not located in DC and bus does not have proportional registration in base jurisdiction BUT school has option to purchase vehicle at end of the lease)*	School-leased Bus (company not located in DC and bus does not have proportional registration in base jurisdiction BUT the driver is a school employee, and school logo is permanently affixed to the side of bus)*	Non-DC School (Driver is provided by rental or charter company)	Non-DC School rents bus for a single trip (i.e., Field Trip or Prom)	Buses* that have regular routes (not used for transporting chartered parties – e.g., Greyhound, Peter Pan)	Buses used exclusively for chartered parties (except DC)	Bus is owned by the company, group or business (not a chartered party and not transporting people for Profit)	Bus is rented by the company, group or business
Issuance of a single "apportioned" Tag	Exempt	Exempt	Exempt	X	X	Exempt	Exempt	X	X	Exempt	X	Exempt	X
Issuance of a single cab card	Exempt	Exempt	Exempt	X	X	Exempt	Exempt	X	X	Exempt	X	Exempt	X
Trip Permits (Carriers that meet apportioned vehicle requirements but choose not to obtain IRP credentials must obtain trip permits)	Exempt	Exempt	Exempt	Exempt	X	Exempt	Exempt	X	X	Exempt	X	Exempt	X
Motor fuel taxes (IFTA)	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
Obtain operating authority	Exempt	Exempt	Exempt	X	X	X	X	X	X	X	X	Exempt	X
Insurance	X	X	X	X	X	X	X	X	X	X	X	X	X
Inspection	X	X	X	X	X	X	X	X	X	X	X	X	X
Temporary Authority (TA) Certificate	X	X	X	Exempt	X	X	X	X	X	X	X	X	X

District of Columbia law requires that any bus from any state or country used in the transportation of a chartered party, at which time is used in the International Registration Plan, with a seating capacity of greater than 15 passengers to: a. Register as a Class B commercial vehicle and obtain a DC Trip Permit, or b. Obtain proportional registration in its base jurisdiction through the International Registration Plan, and display DC on the IRP cab card. Vehicles must be in compliance prior to entering the District of Columbia. If a vehicle is not in compliance, the owner is subject to payment of a \$500 fine or 180 days imprisonment or both. In accordance with the International Registration Plan, adopted by DC, a chartered party in association with a bus company – means a group of persons who, pursuant to a common purpose and under a single contract, have acquired the exclusive use of a passenger-carrying motor vehicle to travel together as a group to a specified destination or for a particular itinerary – and assembled through the sale of tickets to each passenger for a round trip from one or more points of origin to a single advertised destination. Charter and tour bus information is available on the DMV website at [www.dmv.dc.gov](http://www.dmv.dc.gov). Click on IRP for contact data and information about Trip Permits or contact the IRP Office at (202) 729-7083. Limousines with seating capacities greater than 15 passengers do not fit this criteria. However, Limousines are required to procure DCTC permits. \*School related functions only.

## **Chartered Buses**

The District of Columbia law requires a bus from any US state or Canadian province used for travel of a chartered party with a seating capacity of greater than fifteen (15) passengers to obtain one of the following:

- Register as a Class B commercial vehicle and [obtain a DC Trip Permit\\*](#), or
- [Obtain proportional registration in its base jurisdiction through the International Registration Plan](#)

Vehicle owners must be in compliance with the chartered bus law prior to entering the District of Columbia. The chartered bus law became effective on March 14, 2007.

**\*Additionally, Trip Permits are issued in lieu of apportioned or full registration in accordance with the International Registration Plan, Article V, Section 525.**

### **Motor Carriers and Buses Transporting Students**

A motor carrier or bus that is owned by a governmental entity or registered as a government vehicle is exempt from IRP regulations. Those vehicles are not required to carry a trip permit. Displaying a federal or state government license plate on the truck, van, or bus is one way to show the vehicle meets this exemption. Note that vehicles, including school buses, contracted by the government are not exempt from IRP and must obtain a trip permit if not apportioned. However, vehicles, including school buses, leased long-term by the government with the option to purchase are exempt and do not have to obtain a trip permit.

For more information on registering a bus in the IRP program, please contact your state Department of Motor Vehicles. [Here is a list of offices provided by the International Registration Plan, Inc.](#)

Get more information regarding Tour Bus Parking from the [goDCgo](#) website.

[Engine Idling Law](#): Help keep the District's air clean and avoid fines!

<https://www.wmatc.gov/>

### **• Attention all Carriers:**

In 2007, the District of Columbia enacted new vehicle registration requirements for chartered buses seating more than 15 passengers that are operated within the District of Columbia. Under these new requirements, such vehicles must either: (1) be registered as a commercial vehicle within Washington D.C. and bear Washington DC license plates; (2) be registered in their home state with apportioned license plates; or (3) display a valid trip permit from the DC Department of Motor Vehicles. A trip permit costs \$50, lasts 6 days, and covers only one specific vehicle.

Compliance with this new law **does not exempt a carrier from WMATC requirements**, and possession of WMATC operating authority does not exempt a carrier from compliance with the new District of Columbia law. For more information about the new D.C. charter bus requirements, contact the District of Columbia Department of Motor Vehicles at (202) 729-7083 or visit <https://dmv.dc.gov/node/1119517>.

## APPENDIX F

### **New York State Application for Authority to Transport Passengers**

OMSS #002 MAY 4, 2016

Page 1 of 11

#### **NEW YORK STATE DEPARTMENT OF TRANSPORTATION APPLICATION FOR AUTHORITY TO TRANSPORT PASSENGERS**

Use this form to apply for authority to transport passengers as a common carrier (a carrier that serves the general public and charges individual fares, i.e., a bus line, ambulette or transit disabled, airport or correctional facility service) or as a contract carrier (a carrier that has a contract with a person or organization for the exclusive use of a vehicle at a fixed price) **ENTIRELY** in New York State.

If you want to transport chartered or special parties (individuals or organizations who travel together as a group to a specific destination or for a particular itinerary as determined by a carrier in round-trip transportation) **ENTIRELY** in New York State, you must file an Application for Authority to Transport Passengers in Charter Service (OMSS #001). This form is available online at <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger> or by contacting NYSDOT at 518-457-6512 or by e-mail to [operating.authority@dot.ny.gov](mailto:operating.authority@dot.ny.gov). General information concerning the process and requirements for obtaining passenger authority from the Department can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>.

If you want to transport passengers between two states, you must have authority from the Federal Motor Carrier Safety Administration (FMSCA). Information on federal authority can be obtained at <http://www.fmcsa.dot.gov> or by contacting 1-800-832-5660.

#### **INSTRUCTIONS:**

1. An original application must be submitted to NYSDOT, Office of Modal Safety and Security, 50 Wolf Road, POD 53, Albany, New York 12232-0879.
2. The filing of an application does not allow an applicant to operate. Operations that are started before authority is issued may result in denial of the application and/or the imposition of a \$5,000 civil penalty.
3. Each question on the application form must be answered completely. Failure to do so may result in the rejection or delay of the application.
4. **Please print legibly. If we cannot read your handwriting, your application will be returned to you.**
5. If you need additional space to answer a question, please use a separate sheet of paper and identify the question that you are answering by including the name of the company and the Title and Section Number of the question you are answering on the separate sheet of paper.
6. An applicant may:
  - a. Represent themselves,
  - b. Be represented by an officer of the company,
  - c. Be represented by a non-paid representative, or
  - d. Be represented by either a paid representative who can be a NYS licensed attorney or a transportation practitioner who is licensed by the USDOT.

**If you have any questions relating to your application, you can call 518-457-6512 or send an e-mail to [operating.authority@dot.ny.gov](mailto:operating.authority@dot.ny.gov).**

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
APPLICATION TO TRANSPORT PASSENGERS**

**PLEASE PRINT LEGIBLY**

---

(Full Legal Name of Company)

**I. BUSINESS TYPE:**

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as "Appendix A."

**Form of Business**

**Required Document to be Submitted:**

<input type="checkbox"/> Individual	None
<input type="checkbox"/> Individual with a d/b/a	Certificate filed with the County Clerk
<input type="checkbox"/> Partnership	Certificate filed with the County Clerk
<input type="checkbox"/> Partnership with a d/b/a	Certificate filed with the County Clerk
<input type="checkbox"/> NYS Limited Liability Company (LLC)	Receipt from the NYS Department of State
<input type="checkbox"/> NYS LLC with a d/b/a	Receipt from the NYS Department of State
<input type="checkbox"/> NYS Corporation	Receipt from the NYS Department of State
<input type="checkbox"/> NYS Corporation with a d/b/a	Receipt from the NYS Department of State
<input type="checkbox"/> NYS Limited Partnership (LP)	Receipt from the NYS Department of State
<input type="checkbox"/> NYS LP with a d/b/a	Receipt from the NYS Department of State
<input type="checkbox"/> Foreign Corporation	Receipt from the NYS Department of State
<input type="checkbox"/> Foreign Corporation with a d/b/a	Receipt from the NYS Department of State

If the company is doing business under an assumed name, please list the assumed name below:

---

**II. COMPANY'S INFORMATION:**

1. Physical address where business records may be examined:

---

(Street -- A Post Office Box is not acceptable)

---

(Municipality, State, Zip Code)



2. Mailing address (if different than the physical address):

\_\_\_\_\_  
(Street or Post Office Box Number)

\_\_\_\_\_  
(Municipality, State, Zip Code)

3. Telephone Number: \_\_\_\_\_  
4. Fax Number: \_\_\_\_\_  
5. Cell Number: \_\_\_\_\_  
6. E-mail address: \_\_\_\_\_  
7. Website: \_\_\_\_\_  
8. Federal employer identification # (FEIN) \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_. If you  
do not have a FEIN, list individual's social security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_.  
9. Does the applicant or any of its owners or officers presently hold or has held a certificate or  
permit from NYSDOT? ☐ YES or ☐ NO  
If YES, please list case number(s): \_\_\_\_\_

10. Please provide the following information for the person who will be in charge of the day to  
day operations of the company and who can be contacted by NYSDOT staff:

- a. Name: \_\_\_\_\_  
b. Title/Position: \_\_\_\_\_  
c. Telephone Number: \_\_\_\_\_  
d. Cell Number: \_\_\_\_\_  
e. E-mail address: \_\_\_\_\_

**III. FEDERAL AUTHORITY AND REGISTRATION:**

1. Does the applicant or any of its owners or officers have or have ever held a  
USDOT Number? ☐ YES or ☐ NO  
If YES, please list the number(s): \_\_\_\_\_  
2. Does the applicant or any of its owners or officers hold authority or has held authority  
from the federal government? ☐ YES or ☐ NO  
If YES, please list the MC number: \_\_\_\_\_

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
APPLICATION TO TRANSPORT PASSENGERS**

**PLEASE PRINT LEGIBLY**

---

(Full Legal Name of Company)

**I. BUSINESS TYPE:**

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as "Appendix A."

**Form of Business**

- ☐ Individual
- ☐ Individual with a d/b/a
- ☐ Partnership
- ☐ Partnership with a d/b/a
- ☐ NYS Limited Liability Company (LLC)
- ☐ NYS LLC with a d/b/a
- ☐ NYS Corporation
- ☐ NYS Corporation with a d/b/a
- ☐ NYS Limited Partnership (LP)
- ☐ NYS LP with a d/b/a
- ☐ Foreign Corporation
- ☐ Foreign Corporation with a d/b/a

**Required Document to be Submitted:**

- None
- Certificate filed with the County Clerk
- Certificate filed with the County Clerk
- Certificate filed with the County Clerk
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State
- Receipt from the NYS Department of State

If the company is doing business under an assumed name, please list the assumed name below:

---

**II. COMPANY'S INFORMATION:**

1. Physical address where business records may be examined:

---

(Street -- A Post Office Box is not acceptable)

---

(Municipality, State, Zip Code)

**IV. OWNERS AND OFFICERS OF THE COMPANY:**

Please list names, percent of ownership and titles of all owners and officers:

Name	% of Ownership	Title

**V. VEHICLE(S) TO BE USED BY THE COMPANY:**

Year	Make	Model	GVWR*	MRSC **

\* The GVWR (Gross Vehicle Weight Rating) is determined by the manufacturer and is the maximum weight that you can operate a vehicle. It may be different from the weight of a vehicle as listed on the registration or title. The GVWR is listed on a tag which is generally located on the jam of the driver's door.

\*\* The MSRC (The Manufacturer's Rated Seating Capacity) is listed on a tag which is generally located on the jam of the driver's door. It is the maximum seating capacity of the vehicle and may be different from the number of seats actually in a vehicle.

**VI. SAFETY:**

- Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past has had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of *unsatisfactory* or are under a current or were under a federal out of service order? ☐ YES or ☐ NO

If YES, please explain in detail the circumstances surrounding the rating and/or the order:

---



---



---

2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law. These laws can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>. When the website loads, you will click on the *Laws* button. A page displaying the laws will appear and you can click on either the *TRA* button for the Transportation Law or the *VAT* button for the Vehicle and Traffic Law.
3. By submitting this application, the applicant certifies that it is familiar and will comply with the following regulations which can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/rules-regulations>:
  - a. 17 NYCRR §701.1 -- Rendition of continuous, safe & adequate service.
  - b. 17 NYCRR Part 720 -- Vehicle safety regulations.
  - c. 17 NYCRR Part 721 -- Vehicle/driver operational requirements.
  - d. 17 NYCRR Part 722 -- Report of accidents.
  - e. 17 NYCRR Part 723 -- Hours of Labor.
  - f. 17 NYCRR Part 742 -- Retention of records.
  - g. 17 NYCRR Part 750 -- Insurance.
  - h. 17 NYCRR Part 781 -- Use of non-owned equipment by passenger carriers.
4. By submitting this application, the applicant certifies that it will have a system in place and an individual who will be responsible for ensuring overall compliance with all applicable laws and regulations, especially those relating to:
  - a. The reporting of accidents.
  - b. Driver qualifications.
  - c. Hours of service.
  - d. Drug and alcohol testing requirements.
  - e. The inspection, repair and maintenance of vehicles.
5. By submitting this application, the applicant certifies that it will have a driver safety training/orientation program in place.
6. By submitting this application, the applicant certifies that it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.

## VII. FITNESS:

1. **TRANSPORTATION EXPERIENCE:** Describe in detail the transportation for hire experience of the applicant or its principal:

---

---

---

2. **CRIMINAL HISTORY:** Has the owner or any of its officers ever been convicted of a misdemeanor or felony? ☐ YES or ☐ NO

If YES, please explain in detail:

---



---



---

3. **REGULATORY HISTORY:** Has any authority, license, franchise, certificate, Medicaid Provider Number, etc., issued to the company, owner(s) or its officers ever been suspended or revoked, have any charges/allegations now pending before any court, regulatory body or governmental agency or is currently being investigated by any regulatory body or government agency? ☐ YES or ☐ NO

If YES, please explain in detail: \_\_\_\_\_

---



---

#### VIII. DESCRIPTION OF SERVICE:

1. Will the transportation service be open to the general public? ☐ YES or ☐ NO

If YES, you must provide original Public Statements in Support of the application by individuals or organizations that support the proposed service in the counties you are applying to serve. **The decision to grant or deny the application will, to a great extent, be based on the quality and quantity of these statements.** A Public Statement in Support form can be found on Page 10 and may be reproduced in order to provide multiple statements from the public. **However, each form that is submitted must be prepared by and have an original signature of the individual or the organization's representative supporting the service.**

Submitted with this application are \_\_\_\_\_ Public Statement(s) in Support.  
# OF

If NO, you must provide a fully executed Contract Addendum which can be found on Page 11 of this application.

2. Check box to indicate the type of service you wish to provide and fill in the territory you wish to provide service in:

A. ☐ Ambulette or Transit Disabled service

Between all points in: \_\_\_\_\_  
List each County

OR

Origination (From): \_\_\_\_\_  
Starting point, including the County

Destination (To): \_\_\_\_\_  
Ending point, including the County

B. ☐ Airport(s)      C. ☐ Correctional Facility(ies)

Origination (From): \_\_\_\_\_  
Starting point, including the County

Destination (To): \_\_\_\_\_  
List airport or correctional facility, including the County

D. ☐ Bus line Service – Describe entire route(s). Attach separate sheet, if necessary, labeled Bus Line Service Route.

Origination (From): \_\_\_\_\_  
Starting point, including the County

Destination (To): \_\_\_\_\_  
Ending point, including the County

E. ☐ Other – Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Origination (From): \_\_\_\_\_  
Starting point, including the County

Destination (To): \_\_\_\_\_  
Ending point, including the County

3. Indicate how frequently the service will be provided:

- ☐ Daily      ☐ Weekly      ☐ On demand      ☐ Other (describe below)

---

5. Indicate how fares or charges will be collected:

- ☐ Sale of tickets or collection of individual fares  
☐ Contract with a group at a fixed price per bus  
☐ Another method (describe below):

---

---

**IX. VERIFICATION AND SIGNATURE OF THE OWNER:**

**FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

If you are representing yourself, you may disregard the next section.

If you are being represented by someone else, please complete the information below:

☐ NON-PAID REPRESENTATIVE      ☐ PAID REPRESENTATIVE\*\*\*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title (if officer of company): \_\_\_\_\_

\*\*\* A paid representative must either be a NYS licensed attorney or a transportation practitioner licensed by USDOT.



**THIS FORM MUST BE PREPARED AND SIGNED BY THE PERSON  
SUPPORTING THE APPLICATION.**

**PUBLIC STATEMENT IN SUPPORT OF THE APPLICATION OF**

\_\_\_\_\_  
(Name of the company providing the transportation - Applicant)

1. Full Name \_\_\_\_\_  
(Name of Person or Company Supporting this Application)
2. Mailing address and telephone number of person or company supporting this application):  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe the type and frequency of service you require to meet your transportation needs:  
\_\_\_\_\_  
\_\_\_\_\_
4. Indicate the origin and destination points, by county, where service is needed:  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe any special equipment that may be required to meet your transportation needs:  
\_\_\_\_\_  
\_\_\_\_\_
6. Indicate why this application should be granted (additional sheets may be used, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORT STATEMENT VERIFICATION**

**FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this Statement of Support are true under penalty of perjury, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title of person signing

**CONTRACT ADDENDUM****LEGAL NAME OF THE APPLICANT:** \_\_\_\_\_**LEGAL NAME OF CUSTOMER:** \_\_\_\_\_**TERM OF CONTRACT: FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_**RENEWAL TERMS:** \_\_\_\_\_**CANCELLATION TERMS:** \_\_\_\_\_**DESCRIBE THE SERVICE TO BE PERFORMED UNDER THE CONTRACT AND THE TERRITORY TO BE SERVED, INCLUDING THE ORIGIN AND DESTINATION COUNTIES:**\_\_\_\_\_  
\_\_\_\_\_**THE CARRIER AND THE CUSTOMER HEREBY AGREE TO NOTIFY THE DEPARTMENT IN WRITING WITHIN FIVE DAYS OF THE CANCELLATION OF THE CONTRACT.****VERIFICATION AND SIGNATURE OF BOTH THE CARRIER'S AND CUSTOMER'S REPRESENTATIVE ARE REQUIRED.****FALSE STATEMENTS MADE IN THIS ADDENDUM ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this addendum are true and that I have the legal authority to submit this addendum on behalf of the applicant, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
PRINT NAME & TITLE

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this addendum are true and that I have the legal authority to submit this addendum on behalf of the customer, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
PRINT NAME & TITLE

# **New York State Application to Transport Passengers in Charter Service**

OMSS #001 MAY 4, 2016

Page 1 of 6

## **NEW YORK STATE DEPARTMENT OF TRANSPORTATION APPLICATION TO TRANSPORT PASSENGERS IN CHARTER SERVICE**

Use this form to apply for authority to transport chartered and special parties (individuals or organizations who travel together as a group to a specific destination or for a particular itinerary as determined by a carrier in round-trip transportation) **ENTIRELY** in New York State.

If you want to transport passengers as a common carrier (a carrier that serves the general public and charges individual fares, i.e., a bus line, ambulette or transit disabled, airport or correctional facility service) or as a contract carrier (a carrier which has a contract with a person or organization for the exclusive use of a vehicle at a fixed price) **ENTIRELY** in New York State, you must file a different application (OMSS #002) which can be obtained at <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger> or by contacting NYSDOT at 518-457-6512 or at [operating.authority@dot.ny.gov](mailto:operating.authority@dot.ny.gov). General information concerning the process and requirements for obtaining passenger authority from the Department can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>.

If you want to transport passengers between two states, you must have authority from the Federal Motor Carrier Safety Administration (FMSCA). Information on federal authority can be obtained at <http://www.fmcsa.dot.gov> or by contacting 1-800-832-5660.

### **INSTRUCTIONS:**

1. An original application must be submitted to NYSDOT, Office of Modal Safety and Security, 50 Wolf Road, POD 53, Albany, New York 12232-0879.
2. The filing of an application does not allow an applicant to operate. Operations that are started before authority is issued may result in denial of the application and/or the imposition of a \$5,000 civil penalty.
3. Each question on the application form must be answered completely. Failure to do so may result in the rejection or delay of the application.
4. **Please print legibly. If we cannot read your handwriting, your application will be returned to you.**
5. If you need additional space to answer a question, please use a separate sheet of paper and identify the question that you are answering by including the name of the company and the Title and Section Number of the question you are answering on the separate sheet of paper.
6. An applicant may:
  - a. Represent themselves,
  - b. Be represented by an officer of the company,
  - c. Be represented by a non-paid representative, or
  - d. Be represented by either a paid representative who can be a NYS licensed attorney or a transportation practitioner who is licensed by the USDOT.

If you have any questions relating to your application, you can call 518-457-6512 or send an e-mail to [operating.authority@dot.ny.gov](mailto:operating.authority@dot.ny.gov).

**NEW YORK STATE DEPARTMENT OF TRANSPORTATION  
APPLICATION TO TRANSPORT PASSENGERS IN CHARTER SERVICE**

**PLEASE PRINT LEGIBLY**

---

(Full Legal Name of Company)

**I. BUSINESS TYPE:**

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as "Appendix A."

**Form of Business**

**Required Document to be Submitted:**

<input type="checkbox"/> Individual	None
<input type="checkbox"/> Individual with a d/b/a	Certificate filed with the County Clerk
<input type="checkbox"/> Partnership	Certificate filed with the County Clerk
<input type="checkbox"/> Partnership with a d/b/a	Certificate filed with the County Clerk
<input type="checkbox"/> NYS Limited Liability Company (LLC)	Receipt from the NYS Department of State
<input type="checkbox"/> NYS LLC with a d/b/a	Receipt from the NYS Department of State
<input type="checkbox"/> NYS Corporation	Receipt from the NYS Department of State
<input type="checkbox"/> NYS Corporation with a d/b/a	Receipt from the NYS Department of State
<input type="checkbox"/> NYS Limited Partnership (LP)	Receipt from the NYS Department of State
<input type="checkbox"/> NYS LP with a d/b/a	Receipt from the NYS Department of State
<input type="checkbox"/> Foreign Corporation	Receipt from the NYS Department of State
<input type="checkbox"/> Foreign Corporation with a d/b/a	Receipt from the NYS Department of State

If the company is doing business under an assumed name, please list the assumed name below:

---

**II. COMPANY'S INFORMATION:**

1. Physical address where business records may be examined:

---

(Street -- A Post Office Box is not acceptable)

---

(Municipality, State, Zip Code)

2. Mailing address (if different from the physical address):

\_\_\_\_\_  
(Street or Post Office Box Number)

\_\_\_\_\_  
(Municipality, State, Zip Code)

3. Telephone Number: \_\_\_\_\_  
4. Fax Number: \_\_\_\_\_  
5. Cell Number: \_\_\_\_\_  
6. E-mail address: \_\_\_\_\_  
7. Website: \_\_\_\_\_  
8. Federal employer identification # (FEIN) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
If you do not have a FEIN, list individual's social security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
9. Does the applicant or any of its owners or officers presently hold or has held a certificate or permit from NYSDOT? ☐ YES or ☐ NO

If YES, please list case number(s): \_\_\_\_\_

10. Please provide the following information for the person who will be in charge of the day to day operations of the company and who can be contacted by NYSDOT staff:

- a. Name: \_\_\_\_\_  
b. Title/Position: \_\_\_\_\_  
c. Telephone Number: \_\_\_\_\_  
d. Cell Number: \_\_\_\_\_  
e. E-mail address: \_\_\_\_\_

### III. FEDERAL AUTHORITY AND REGISTRATION:

1. Does the applicant or any of its owners or officers have or has ever held a USDOT Number?  
☐ YES or ☐ NO  
If YES, please list the number(s): \_\_\_\_\_  
2. Does the applicant or any of its owners or officers hold authority or has ever held authority from the federal government? ☐ YES or ☐ NO

If YES, please list MC number(s): \_\_\_\_\_

**IV. OWNERS AND OFFICERS:**

Please list names, percent of ownership and titles of all owners and officers:

Name	% of Ownership	Title

**V. VEHICLE(S) TO BE USED BY THE COMPANY:**

Year	Make	Model	GVWR*	MRSC **

\* The GVWR (Gross Vehicle Weight Rating) is determined by the manufacturer and is the maximum weight that you can operate a vehicle. It may be different from the weight of a vehicle as listed on the registration or title. The GVWR is listed on a tag which is generally located on the jam of the driver's door.

\*\* The Manufacturer's Rated Seating Capacity is listed on a tag which is generally located on the jam of the driver's door. It is the maximum seating capacity of the vehicle and may be different from the number of seats actually in a vehicle.

**VI. SAFETY:**

- Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past has had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of *unsatisfactory* or are under a current or were under a federal out of service order? ☐ YES or ☐ NO

If YES, please explain the circumstances surrounding the rating and/or the order:

---



---



---

2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law.  
These can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>.  
When the website loads, you will click on the *Laws* button. A page displaying the laws will appear and you can click on either the *TRA* button for the Transportation Law or the *VAT* button for the Vehicle and Traffic Law.
3. By submitting this application, the applicant certifies that it is familiar and will comply with the following regulations which can be found at <https://www.dot.ny.gov/divisions/operating/osss/bus/rules-regulations>:
  - a. 17 NYCRR §701.1 -- Rendition of continuous, safe & adequate service.
  - b. 17 NYCRR Part 720 -- Vehicle safety regulations.
  - c. 17 NYCRR Part 721 -- Vehicle/driver operational requirements.
  - d. 17 NYCRR Part 722 -- Report of accidents.
  - e. 17 NYCRR Part 723 -- Hours of Labor.
  - f. 17 NYCRR Part 742 -- Retention of records.
  - g. 17 NYCRR Part 750 -- Insurance.
  - h. 17 NYCRR Part 781 -- Use of non-owned equipment by passenger carriers.
4. By submitting this application, the applicant certifies that it will have a system in place and an individual who will be responsible for ensuring overall compliance with all applicable laws and regulations, especially those relating to:
  - a. The reporting of accidents.
  - b. Driver qualifications.
  - c. Hours of service.
  - d. Drug and alcohol testing requirements.
  - e. The inspection, repair and maintenance of vehicles.
5. By submitting this application, the applicant certifies that it will have a driver safety training/orientation program in place.
6. By submitting this application, the applicant certifies that it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.



**VII. VERIFICATION AND SIGNATURE OF THE OWNER:****FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

---

**PRINT NAME**

---

**SIGNATURE**

---

**TITLE**

**If you are representing yourself, you may disregard the following section.**

**If you are being represented by someone else, please complete the information below:**

☐ **NON-PAID REPRESENTATIVE**

☐ **PAID REPRESENTATIVE\*\*\***

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title (if officer of company): \_\_\_\_\_

\*\*\* A paid representative must either be a NYS licensed attorney or a transportation practitioner licensed by USDOT.