Print Instructions a

CLASS A/A RESTRICTED 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:

Public Service Commission		**Office of Regulatory Staff**
Clerk's Office	and	**Transportation Department**
Post Office Drawer 11649		**1401 Main Street, Suite 900**
Columbia, SC 29211		**Columbia, SC 29201**

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. Link to DMS

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.
B. A confirmation letter from the Commission will explain attorney requirements.

Step 3: Notice of Filing

A. Applicant will receive cover letter and Notice of Filing document to be published in newspaper(s) of general coverage.
B. Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
C. Applicant **MUST** provide the Commission with the Original Publishers' Affidavits by the date specified in the cover letter.

Step 4: Witness and/or Attorney Information

A. Applicant or Attorney **MUST** advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.

Step 5: Notice of Hearing

A. A Notice of Hearing document including the date, time and place of the hearing will be mailed to all parties of record, if it is determined that a hearing is required.

Step 6: 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 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

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: _____

Address: _____

_____

_____

Telephone: _____

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)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ 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 CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

Select Class: (Check one)

- ☐ **A**
- ☐ **A - RESTRICTED**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

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 the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina 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.

_____

_____

_____

_____

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month _____ Year _____

Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets *	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

PROPOSED ROUTE AND MILEAGE

Operating between _____ and _____

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *

* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

DESCRIPTION OF EQUIPMENT

VEHICLE #	MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *

* Number of seats, including driver's seat, if passenger carrier, or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.** 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. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

_____

Name of Applicant

_____

Address of Applicant

Amount of Premium: **Limits Quoted: (See Below)**

Liability Insurance $ _____ Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers*	**$ 25,000/50,000/25,000**
8-15 Passengers*	**$ 25,000/100,000/25,000**
16 or More Passengers*	**$ 25,000/300,000/25,000**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

_____

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

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (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 statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and 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 (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This _____ day of _____, 20___

_____
Notary Public

Commission Expires _____

Personal Identification Information

Name of Applicant: _____

Address: _____

_____

Federal Employer Identification Number: _____

******* **Confidential** *******

For Internal Use Only