Class C CHARTER BUS APPLICATION PROCESS

Submitting an application for a Class C Charter Bus Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Charter Bus Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

A. Complete all sections of the Transportation Cover Sheet and pages 1 through 6 of the Class C Charter Bus Application. (Page 7 will be completed in Step 4).
B. Provide all signatures as required.
C. Application must be notarized in appropriate area.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
F. Mail or Fax the completed Transportation Cover Sheet, Class C Charter Bus Application, and attachments to:

Public Service Commission **Clerk's Office** **Post Office Drawer 11649** **Columbia, SC 29211** **Fax: 803-896-5199**	**AND**	Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Fax: 803-737-0815

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 Link to DMS on's Docket Management System (DMS) at http://dms.psc.sc.gov.

Step 3: Public Service Commission Action

A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.

B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)

C. The applicant will receive an Order from the Commission approving or denying the application.

D. If approved, the applicant has 60 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations (Applicant has 60 days from the date of the Order to file proof of insurance and obtain a satisfactory safety audit.)

A. Safety Audit - Applicant must contact the State Transport Police at 803-896-5500 to schedule a safety audit. Mail the completed Safety Certification (Page 7 of application) to both the PSC and ORS at the above addresses.

B. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201
Fax: 803-737-0815

Step 5: Issuance of Certificate

A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.

B. **Operation without the Certificate of Public Convenience and Necessity 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: _____

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 CLASS C CHARTER BUS CERTIFICATE

Date: _____

CLASS C - CHARTER BUS

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 addresses 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 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:

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 of Applicant

_____ _____
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 (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.

The Applicant for the Certificate 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

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).

_____
Applicant's Signature

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

_____
Notary Public

Commission Expires _____

Print Application