Print Instructions and Application

Submitting an application for a Class E Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov
Contact the Clerk's Office at 803-896-5100 with questions regarding the completion of the Transportation Cover Sheet or Application.

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov
Contact the Transportation Department at 803-737-0800 with questions regarding the certification process.

ORS Website

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 an LLC or incorporated, please attach a copy of the Certificate of Existence from the SC Secretary of State and a copy of the Articles of Incorporation.
E. Mail or FAX completed Transportation Cover Sheet, Application, and attachments 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**
Fax: 803-896-5199		**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 the Commission's Docket Management System (DMS) at http://dms.psc.sc.gov.

Link to DMS

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

Step 3: **Notice of Filing**

A. Applicant will receive a cover letter and a Notice of Filing document to be published in newspaper(s) that cover the area to be served.
B. The 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.
B. Applicant must be represented by an attorney if applicant is incorporated or an LLC.

Step 5: **Notice of Hearing**

A Notice of Hearing document including the date, time and place of hearing will be mailed to all parties of record.

Step 6: **Hearing Requirements (R. 103-133.)*** [See explanation below.]

A. All applicants and/or witnesses must prove that the carrier is fit, willing, and able to provide the services applied for.
B. If statewide authority (or authority for more than three contiguous counties) is sought, Applicant must prove that the Public Convenience and Necessity is not already being served in the territory by existing authorized service.
   1. The Public Convenience and Necessity criterion **MUST** be shown by the use of shipper witnesses. (A hearing **WILL NOT** be held without Shipper Witnesses.)

(Continued on next page.)

2. Shipper Witness testimony should, at a minimum, support the area to be served.

C. Regarding Shipper Witnesses - S.C. Code Ann. §58-23-590 provides in part that the Office of Regulatory Staff must issue a common carrier certificate or contract carrier permit of public convenience and necessity, if the applicant proves to the Commission that:

1. It is fit, willing, and able to properly perform the proposed service and comply with the provisions of this chapter and the Commission's regulations; and
2. The proposed service, to the extent to be authorized by the certificate or permit, is required by the present public convenience and necessity.

Step 7: Commission Action

The Commission shall adopt regulations that provide criteria for establishing that the applicant is fit, willing, and able, and criteria for establishing that the applicant must meet the requirement of public convenience and necessity. The determination that the proposed service is required by the public convenience and necessity must be made by the Commission on a case by case basis.

Docket is put on the Commission Agenda for action.

1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
2. If approved, Applicant has 60 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating [performed by State Transport Police (803-896-5500)] with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201
3. After 60 days, requests for extension of time to comply must be requested in writing.

Step 8: Issuance of Certificate

A. After filing of insurance, rates, and safety information, the Certificate of Public Convenience and Necessity is issued.

B. **Operation without the Certificate of Public Convenience and Necessity is prohibited.**

* Regulation 103-133 sets forth with particularity the requirements that an applicant must demonstrate in order to demonstrate "fit, willing, and able."

26 S.C. Code Regs. 103-133(1) also provides in relevant part that "[t]he public convenience and necessity criterion must be shown by the use of shipper witnesses." The term "shipper witness" is not defined in the regulation, but the term "shipper witness" refers to a witness who can support the testimony of the applicant regarding the need for additional services in an area. Under S.C. Code Ann. §58-23-590, the applicant must prove that the "proposed service … is required by the present public convenience and necessity." While an applicant will testify that his services are needed in an area, the shipper witnesses are to present supporting testimony that the services are in fact needed.

Generally, a shipper witness includes, but is not limited to, a person who books, attempts to book, or controls the shipment of goods. In the context of providing supporting testimony regarding the present state of public convenience and necessity, a shipper witness is someone who, through first hand knowledge, is familiar with the availability, or unavailability, of moving services in an area. First hand knowledge should come from either requiring moving services personally or from booking moving services for a company or business, such as a relocation officer for a company. To properly address the public convenience and necessity criterion, a shipper witness should be able to present testimony concerning efforts to obtain moving services and the relative ease or difficulty in obtaining moving services from existing carriers in an area or areas proposed to be served by the applicant. While a shipper witness may have used the services of the applicant and may testify to satisfaction with the applicant's services, testimony regarding the applicant's service and satisfaction with those services goes more to the "fitness" of the applicant rather than to the issue of public convenience and necessity.

Further, testimony of the shipper witness(es) must address the "present public convenience and necessity." (Emphasis added.) In other words, testimony should relate to recent events or incidents and should not focus on events that are distant or remote in time.

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

Select Class: (Check one) Date: _____

- ☐ E (HHG) - Household Goods
- ☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application
- ☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

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.

_____

_____

_____

_____

4. Applicant proposes to operate service as follows: (Check one.)

◯ Intrastate Only ◯ Interstate Only ◯ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

◯ Yes ◯ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

◯ Yes ◯ No

If yes, list dates and nature of convictions below.

_____

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

◯ Yes ◯ No

If yes, list dates and nature of revocations below.

_____

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 RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☐ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

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 _____

Cargo Insurance $ _____ Limits _____

* Attach Certificate of Insurance if available.

_____

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

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	$ 5,000

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 judgment(s) against the Applicant?

   ◯ Yes ◯ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern 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? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

   ◯ Yes ◯ No

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 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

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. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if 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.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

◯ Yes ◯ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 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

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 _____

Print Application