Print Application

Clear Fields

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- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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 SALE, TRANSFER, OR LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

IMPORTANT! A current annual report must be on file with the Commission **before** application will be accepted.

Select Class: (Check one)

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

Type of Application: (Check one)

- ☐ Sale of Certificate
- ☐ Transfer of Certificate
- ☐ Lease of 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.

_____

_____

_____

_____

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 convictions 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	

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

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)

Areas to be Served: (List each county in which you plan to operate)

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *

* Number of seats if passenger carrier or tonnage if freight carrier.

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 _____

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 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 judgement(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?

   ◯ Yes ◯ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

_____
Applicant's Signature

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

_____
Notary Public

Commission Expires _____

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

CERTIFICATE

This Certificate is furnished by the undersigned in compliance with Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service Commission of South Carolina in connection with the transfer of authority to _____ . The undersigned states that the assets listed on the enclosed Bill of Sale of _____ are being transferred including the authority granted in Certificate No. _____ issued by the Public Service Commission of South Carolina; that there are no debts or claims against the transferor; no unremitted COD or collections due shippers; no claims for loss of or damage to goods transported or received for transportion; no claims for overages on property transported; no interline accounts due other carriers; and no wages due employees of the transferor.

_____
Transferor's Signature

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

_____
Notary Public

Commission Expires _____

The Public Service Commission of South Carolina
Application for the Sale or Transfer of Certificate of Public Convenience and Necesssity

Date _____

I (We) _____
the holder of Class E Certificate of Public Convenience and Necessity No. _____, respectfully requests that authority be granted said holder of Certificate to sell or transfer all rights, title and interest under said Certificate to the purchaser or tranferee, and for the purpose of enabling the Commission to determine whether or not this application should be granted, the following information is submitted:

1. _____
Name of Owner or Transferor

_____
Address

_____ _____
Email Address Phone

2. _____
Name of Purchaser or Tranferee

_____
Address

_____ _____
Email Address Phone

Check one: ◯ Corporation ◯ Partnership ◯ Individual

Date organized: _____

State of Incorporation: _____

Submit a copy of the partnership agreement and a list of individuals composing the partnership.

3. The purchaser or transferee submits a copy of the proposed tariff, which is the same as is now in effect, with the following exception(s): _____

4. The Certificate to be transferred is attached.

5. Are there now any liens, mortgages, or debts in effect over, against, or in any way affecting this certificate?

◯ No ◯ Yes Attach a complete list showing dates, amounts and names of parties.

6. Is the proposed sale or transfer being made in any way for the purpose of hindering, delaying, or defrauding creditors?

◯ No ◯ Yes

GIVEN under our hand this _____ day of _____, 20____

Owner or Transferor _____

By _____

Title _____

Purchaser or Transferee _____

By _____

Title _____

SWORN TO BEFORE ME

This _____ day of _____, 20____

_____
Notary Public

Commission Expires _____

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 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.

_____
Signature of Applicant's Representative

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

Print Application

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 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

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