

Steps for Obtaining Class C Non-Emergency Certificate

- Step 1:** **Completion of Application for Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier**
- A. Complete all sections of the application (Form C-AC)
 - 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. Mail completed application to:
**Public Service Commission
Docketing Department
Post Office Drawer 11649
Columbia, SC 29211**
 - F. **Contact the Office of Regulatory Staff Transportation Department at 803/737-0800 with any questions regarding the Certification Process.**
- Step 2:** **Applicant is assigned a Docket Number**
- A. Applicant will receive a letter from the Public Service Commission confirming receipt of the application and assigning a Public Service Commission Docket Number. This Docket Number may be used to track Application status on Public Service Commission website: www.psc.sc.gov
- Step 3:** **Public Service Commission Action**
- A. Public Service Commission may discuss and approve/deny Application during a regularly scheduled Public Service Commission meeting.
 - B. Applicant will receive an Order approving/denying the application from the Public Service Commission.
 - C. If approved, the Applicant has 60 days from date of the Order to comply with the rules and regulations of the Public Service Commission.
- Step 4:** **Compliance with Public Service Commission Rules and Regulations**
- A. **License Decals**
 1. Mail payment (cash, money order, certified or cashier's check) for license decals with completed license decal application to:
**Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201**
 - B. **Vehicle Inspection**
 1. Non-emergency vehicles must be inspected by the Office of Regulatory ("ORS") Staff prior to operation.
 2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Annual Inspection Report included in the Application.
 - C. **Proof of Insurance**
 1. 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 by:
 - a. Fax Form E to ORS at (803) 737-0801.
 - b. Mail hardcopy of Form E to:
**Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201**
- 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.

(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)

- Application - Class C Taxi, Application - Class C Charter, Application - Class C Charter Bus, Application - Class C Non-Emergency, 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 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
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C – NON-EMERGENCY

DATE _____, 20_____

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

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.)

2. (a) Street Address of Applicant _____

- (b) Mailing address, if different from street address _____

- (c) Telephone Number _____

3. If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of SC, need SC Secretary of State “Foreign Corporation” Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit “C” included herewith.

6. The proposed list of equipment is as per Exhibit “D” included herewith.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant _____

For the transportation of passengers as follows:

Area to be served: _____

Number of passengers: _____

Fares: _____

Date _____

_____ By

_____ Title

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

***Note:** Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000**
- b. Medical Payments/Each Person \$1,000**

Amount of Premium:

Liability Insurance _____

The above quoted premiums are for a term of _____ months.

(Insurance Company Name)

(Home Office Address of Company)

is 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)

EXHIBIT FWA

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

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 and provide copy) Satisfactory _____

Conditional _____

Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "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 Applicant?

Yes _____ No _____

(If "yes", indicate nature of judgement(s).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, 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 the 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: _____

APPLICANT'S OATH

I, _____, verify 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. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company`s primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina 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: _____

EXHIBIT E **Detach, complete for each vehicle and retain for your files**

RECORD OF ANNUAL INSPECTION

(Prepare Separate Report for Each Vehicle Inspected)

Date: _____

Carrier Name _____

Address _____

Street City State Zip

Vehicle Type _____

Model _____ Make _____ Year _____

Vehicle ID Number _____ Tag Number/State _____

Inspection Location _____

Street City State Zip

Inspector's Name _____

REPORT OF CONDITION

	OK	REPAIR
BRAKES		
Adjustment		
Drum/Rotor		
Hose/Tubing		
Lining		
Parking Brakes		
Master Cylinder		
EXHAUST		
Leaks		
LIGHTING		
Headlights		
Tail/Stop		
Clearance/Marker		
Reflectors		
Signals		
Interior/Dash		
CAB/BODY		
Access		
Eqpt./Load Secure		
Seat Belts		
Wheelchair Tiedowns		
Straps, Latches, Etc.		
Wheelchair Lifts		
Radios/Cell Phone		
Placard Requirements		

EXHIBIT E (cont'd) - (Detach, complete for each vehicle and retain for your files)

RECORD OF ANNUAL INSPECTION

(Prepare Separate Report for Each Vehicle Inspected)

	OK	REPAIR
STEERING		
Adjustment		
Column/Gear/Power Steering		
Linkage		
FUEL SYSTEM		
Tanks		
Lines		
SUSPENSION		
Springs/Shocks		
FRAME		
Members		
Clearance		
TIRES		
Tread		
Inflation		
Damage		
WHEELS/RIMS		
Fasteners		
WINDSHIELD		
Wipers, Fluid		
GLAZING		
HORN		
MIRRORS		
Interior/Exterior		

Inspector `s Signature

Date

Please complete **Personal Identification Information** on Page 17.

Non Emergency Vehicles - Subarticle11

103-102 Definitions

23. Non-Emergency Vehicle. "Non-Emergency Vehicle" means a vehicle that is used for providing, for a fee or charge, non-emergency transportation, for patients in stable medical condition who may or may not require the use of a walker, crutches, canes, or personal assistant, to scheduled visits to a physician's office or hospital for treatment, routine physical examinations, x-rays or laboratory tests, for transporting patients upon discharge from a hospital or nursing home to a hospital or nursing home or residence, or for other non-emergency purposes. Non-Emergency Vehicles are not equipped with the medical equipment or personnel required for the specialized care provided in an ambulance. "Non-Emergency Vehicle" includes "Wheelchair Van." "Non-Emergency Vehicle" shall not include vehicles owned by facilities that provide such transportation as described above without charging a separate fee for the transportation service.

24. Wheelchair Van. "Wheelchair Van" means a Non-Emergency Vehicle which is modified, equipped and used for the purpose of providing non-emergency medical transportation for Wheelchair Van Patients. These vehicles are specifically designed and modified to load and transport both ambulatory and wheelchair-bound patients in a safe and secure manner.

25. Wheelchair Van Patient. "Wheelchair Van Patient" means a patient whose medical condition is such that the person may be transported safely and securely in a Wheelchair Van. These patients must be transported in a sitting position in a secured wheelchair and/or require a ramp or lift to board the vehicle.

26. Any and all definitions addressed in the Federal Motor Carrier CSA Safety Regulations (Code of Federal Regulations Title 49, Parts 40 and 355-397) (hereinafter known as the CSA Safety Regulations) apply to all Non-Emergency Vehicle regulations.

103-112. Class "C" Motor Carrier – Certificate of Public Convenience and Necessity

A Class C motor carrier is a common carrier by motor vehicle of passengers, generally known as "taxi cabs," "charter buses," "charter limousine," and "non-emergency vehicles," which does not operate over regular routes or upon regular schedules, and which does not, in any way, solicit or receive patronage outside of the radius of two miles of the corporate limits of the city in which it is licensed to do business, except upon such highways as are not served by a Class A or B motor carrier. A Class C motor carrier must obtain a Certificate of PC&N from the Commission, except "charter buses," which must obtain a Charter Bus Certificate.

103-133(6). PC&N (Non-Emergency Vehicles)

In addition to meeting the requirements set out in 103-133(4) above, applicants for a Certificate of PC&N for non-emergency vehicles must meet the following requirements:

A. Driver Qualifications/Requirements

1. Carrier must comply with Part 391-Qualifications of Drivers, CSA Safety Regulations, excluding 391.49, in addition to the following requirements:
 - a. Driver must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent. Records of such must be kept on file at company's primary place of business within South Carolina.
 - b. Driver must be in compliance with all OSHA regulations.
 - c. Driver must be adequately trained in the use of all vehicle installed safety equipment such as two-way radios, first aid kits, fire extinguishers, and other equipment as outlined in the Vehicle Requirement Section of these Regulations.
 - d. Driver must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
 - e. Driver must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom that driver works.
 - f. Driver must complete 12 hours of in-service training annually in the area of safety. Records of such must be kept on file at company's primary place of business within South Carolina.

B. Vehicle Requirements

1. Any vehicle purchased on or after the effective date of these regulations shall comply with the following vehicle requirements. The Applicant must certify on a Commission prescribed form that its vehicles meet, at a minimum, the following standards.

- a. All Non-Emergency Vehicles shall be equipped with at least the following:
 - (1) Approved seat belt assemblies for all passenger seating locations.
 - (2) Interior and exterior lighting which must meet ADA requirements set forth in Title 49, Parts 37 and 38 C.F.R. In addition, all standard motor vehicle equipment must be in working order (i.e. all lamps, windshield wipers, horn, emergency flashers/hazard lights, and all other standard motor vehicle equipment.)
 - (3) Locking devices for all doors and all door latches which shall be in operation from inside and outside on all vehicles manufactured and first registered after January 1, 1980.

- (4) Foot stool or extra step for loading.
- (5) Sanitary and functional seat covers.
- (6) Spare wheel, jack and tire tools necessary to make minor repairs, except when operating service cars are immediately available.
- (7) Current maps of streets in the area where service is provided.
- (8) Fire extinguisher, Type 4-B;C dry powder or carbon dioxide, inspected annually. Proof of annual inspection shall be attached to each fire extinguisher.
- (9) Identification display of the name under which the Non-Emergency Vehicle is doing business or providing service, on both sides and the rear of each such vehicle in letters that contrast sharply with the van's background and are easily read from at least 20 feet. All Non-Emergency Vehicles operated under the same certificate shall display the same identification.
- (10) Exterior rearview mirrors affixed to both sides of the vehicle and in working order. There may not be any chips, cracks, or anything else that limits the driver's view.
- (11) A two-way radio, mobile or cellular phone equipment which shall be included in the vehicle while patients are being transported. All two-way radios must be in contact with a dispatcher or someone acting as a dispatcher, i.e., must have instant access to standard phone lines and the ability to summon immediate police, fire or ambulance assistance, if needed.
- (12) A "No Smoking" sign prominently displayed in the patient compartment if oxygen tanks, whether patient tanks or vehicle equipment, are carried. If oxygen tanks are carried, they must be readily accessible and securely stored.
- (13) Heating and cooling systems which meet ADA requirements set forth in Title 49, Parts 37 and 38 C.F.R.
- (14) Emergency warning devices.
- (15) Any other emergency and safety equipment required in order to meet ADA requirements set forth in Title 49, Parts 37 and 38 C.F.R.

b. In addition to the requirements of subsection (a) above, all wheelchair vans shall be equipped with at least the following:

- (1) A loading entrance in compliance with ADA requirements and standards.
- (2) Fasteners to secure the wheelchair(s) or stretcher(s) to the vehicle which must be of sufficient strength to prevent the chair or stretcher from rotating and to prevent the chair or stretcher wheels from leaving the floor in case of sudden movement and to support chairs, stretchers and patients in the event the vehicle is overturned.

(3) A lift or ramp with a load capacity as specified by ADA requirements and standards.

2. Any vehicle manufactured after the effective date of these regulations shall comply with the vehicle requirements set forth in Title 49, Parts 37 and 38 C.F.R. and FMVSS.

C. Vehicle Maintenance Requirements

All carriers must comply with Part 396-Inspection, Repair, and Maintenance of CSA Safety Regulations, excluding 396.9, 396.11(d) as to the last phrase "or to any motor carrier operating only one motor vehicle", and excluding 396.15.

D. Drug Testing Requirements

All carriers must implement a verifiable drug testing program for drivers. Pre-employment, post-accident, and random drug screens shall be mandatory.

E. Minimum Periodic Inspection Standards

1. All carriers must comply with Appendix G to Subchapter B-Minimum Periodic Inspection Standards of CSA Safety Regulations.
2. A vehicle does not pass inspection if deficient under any standard included in 1 above. Further, a vehicle does not pass an inspection if any defects or deficiencies are detected with reference to the wheelchair lift or any component relating to the loading of passenger or patient into the vehicle.
3. All carriers are subject to the regulations found in Part 396, CSA Safety Regulations. In addition, any Public Service Commission representative or any officers, drivers, agents, representatives, and employees directly concerned with the inspection or maintenance of motor vehicles may recommend that a vehicle be put "out of service" for defects or deficiencies detected with reference to Appendix G to Subchapter B-Minimum Periodic Inspection Standards and defects or deficiencies detected with reference to the wheelchair lift or any component relating to the loading of a passenger or patient into the vehicle.

F. Schedule of Minimum Insurance Limits

1. Insurance policies and surety bonds for bodily injury and property damage will have limits of liability not less than the following:
 - a. Liability Combined Each Occurrence \$1,000,000
 - b. Medical Payments/Each Person \$1,000

FORM C-AC

Personal Identification Information

Name of Applicant: _____

Address: _____

Federal Employer Identification Number: _____

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

For Internal Use Only