Hhousehold goods/hazardous material application process

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

1.) Public Service Commission of South Carolina (PSC) https://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.

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

Step 1: **Complete and Submit the Application.**

Please ensure your name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Application.

B. Attach a copy of the complete tariff, including all rates, charges, and terms and conditions. Applications without an attached tariff will be considered incomplete and will be returned to the Applicant. For a sample Class E Tariff, visit: https://ors.sc.gov/regulated-utilities/transportation/class-e

C. Provide all signatures as required.

D. Application must be notarized in the appropriate area.

E. If an Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence or Articles of Organization from the South Carolina Secretary of State.

- If Applicant's LLC or incorporation has been filed OUT OF STATE, please attach a **Certificate of Authority** or the **Application for Certificate of Authority** from the South Carolina Secretary of State.
- If Applicant is a Corporation or Non-Profit, please attach a copy of the Certificate of Existence or Articles of **Incorporation** from the South Carolina Secretary of State.

F. Mail, Email (**emailed documents must be submitted in PDF format**) or FAX completed Transportation Cover Sheet, Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
Fax: 803-896-5199
Email: Contact@psc.sc.gov

and

Office of Regulatory Staff
Transportation Department
1901 Main Street, Suite 1500
Columbia, SC 29201
Email: Transportation@ors.sc.gov

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE REJECTED/RETURNED TO THE APPLICANT

Step 2: **Application is assigned a Docket Number**

A. Applicant will receive a confirmation email/letter indicating the Docket Number assignment.

B. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web.

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

Step 3: **Application is published on the PSC's website for 15 days.**

A. If no objection is filed, the Commission may meet to determine if the Applicant is fit, willing, and able to perform the proposed service, upon a showing based upon criteria established by the Commission.

B. If the Commission issues a Directive approving the Application, the Office of Regulatory Staff may then issue the Certificate.

C. The Directive of the Commission shall serve as the Commission's Order 30 days after issuance.

D. If an Objection to the Application is filed, the process is outlined at the end of this Document.

E. If an Objection is filed, the Applicant must be represented by an attorney if applicant is incorporated or an LLC.

Step 4: After Commission Action

1. If denied, another application may not be made until at least 6 months have elapsed since the date of denial.
2. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory rating with the Office of Regulatory Staff, 1901 Main Street, Suite 1500, Columbia, SC 29201; Email: Transportation@ors.sc.gov.
    a. 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.
3. After 90 days, requests for extension of time to comply must be requested in writing.

Step 5: Issuance of Certificate

1. After filing of insurance, rates, and safety information with the South Carolina Office of Regulatory Staff, the Certificate is issued by the South Carolina Office of Regulatory Staff.
2. Operation without the Certificate is prohibited.

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

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: _____ **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 One)

- ☐ 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 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.

Revised 10/26/2026

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE 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 (**email must be printed clearly**)

2. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence or Articles of Organization from the South Carolina Secretary of State.
   - If Applicant's LLC or incorporation has been filed OUT OF STATE, please attach a **Certificate of Authority** or the **Application for Certificate of Authority** from the South Carolina Secretary of State.
- If Applicant is a Corporation or Non-Profit, please attach a copy of the Certificate of Existence or Articles of **Incorporation** from the South Carolina Secretary of State.

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 or Limited Liability Company (LLC) - List names and addresses of two principal officers.
- ☐ Non-profit Company

_____

_____

_____

_____

4. 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.

2. 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.

_____

3. 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.

_____

PROPOSED MAXIMUM RATES AND CHARGES FOR SERVICE

Proposed Maximum Rates and Charges: ***(please attach a copy of your complete tariff, including any rates, charges, or terms and conditions not included in this chart. Also, please attach a copy of the bill of lading.)***

Company Name: _____

Docket No. ***(if assigned)*****:**

Transportation Charges										
1 Truck			2 Trucks							
2 Movers	3 Movers	4 Movers	2 Movers	3 Movers	4 Movers	5 Movers	6 Movers	Additional Mover(s)	Overtime Charges (Holidays/In-Season)	Minimum Hourly Charge

Additional Services							Declaration of Value			
Bulky Article Charges							Number of Days to File Loss, Damage, or Overcharge Claim	Basic Amount	Insurance for Excess	Items of Particular Value
Television	Pool Table	Gun Cabinet	Gun Safe	Appliances	Piano	Golf Cart				
Elevator/Stair Carry	Excessive Distance or Long Carry	Pick-Up and Delivery	Packing and Unpacking	Waiting Time	Articles/Special Serving	Overnight Storage				

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.
Select "Statewide" if you intend to operate in all counties in South Carolina. Otherwise, you will only be allowed to operate in those counties checked below.

☐ Statewide

☐ 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	
☐ 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 the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#

INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. **You must attach (or include) a copy of a quote from the insurance company to your application.** The insurance quote will be treated as confidential information by the Commission, and it will not be posted on the Commission's Docket Management System.

The attached insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The insurance company quote must show the following:

- Name of Business
- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Cargo Insurance Premium
- Cargo Insurance Coverage Limits

* Attach Certificate of Insurance if available.

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.

* 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 the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

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.

Additional Questions

_____
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T., if applicable?
   ☐ 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 placed "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", list judgements here:

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

6. Is Applicant financially fit to do business as a certified carrier?
   ☐ Yes ☐ No

Personal Identification Information

Name of Applicant: _____

Address: _____

_____

Federal Employer
Identification Number: _____

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

For Internal Use Only

Applicant's Name

Safety Certification

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 ☐ No

If checked "yes" above, do not complete the remainder of this form.

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

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

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 (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 2, 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.

You must select one of the boxes below:

☐ 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 believes that there is a need for its company's services in the proposed service area.

If an objection to this Application is filed, the Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

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.

I am owner, officer, director, or other person authorized to act on behalf of _____ (Name of Company), and on behalf of _____ (Name of Company), I have elected to submit this Class E (Household Goods) Application to the Public Service Commission of South Carolina without the benefit of legal counsel admitted to practice in South Carolina. In electing to file this Class E (Household Goods) Application without legal counsel, I acknowledge and agree to assume the risk, if any, of resulting adverse legal consequences.

_____
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 _____

Printed Name of Notary _____

Process if an Objection to the Application is Filed

If an objection is filed, the Applicant must be represented by an attorney if applicant is incorporated or an LLC.

Step 1: Notice of Hearing

A. If an Objection is filed with the Commission, the Commission must hold a Hearing to determine if the Applicant is fit, willing, and able to perform the proposed service.

B. The Commission must publish a Notice of Hearing for an Application for a Certificate on the Commission's website for not less than 30 days before the date of the Hearing.

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

Step 2: Hearing and Witness Requirements (R. 103-133)

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. All applicants and/or witnesses must prove that the carrier is fit, willing, and able to provide the services applied for.

Step 3: Commission Action

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 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating with the Office of Regulatory Staff, 1901 Main Street, Suite 1500, Columbia, SC 29201.
3. After 90 days, requests for extension of time to comply must be requested in writing.

Step 4: Issuance of Certificate

A. After filing of insurance, rates, and safety information with the South Carolina Office of Regulatory Staff, the Certificate is issued by the South Carolina Office of Regulatory Staff.

B. **Operation without the Certificate is prohibited.**