

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 | ☐ Request for Name Change on Certificate |
| ☐ Application - Class C Taxi | ☐ Request to Amend Scope of Authority |
| ☐ Application - Class C Charter | ☐ Request to Amend Tariff (rate increase, etc.) |
| ☐ Application - Class C Charter Bus | ☐ Request to Amend Passenger Limit |
| ☐ Application - Class C Non-Emergency | ☐ Request |
| ☐ Application - Class C Stretcher Van | ☐ Exhibit |
| ☐ Application - Class E Household Goods | ☐ Late-Filed Exhibit |
| ☐ Application - Class E Hazardous Waste | ☐ Letter |
| ☐ Application | ☐ Proposed Order |
| ☐ Request for Extension to Comply with Order | ☐ Publisher's Affidavit |
| ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded | ☐ Reservation Letter |
| ☐ Request for Cancellation of Certificate | ☐ Response |
| ☐ Request for Suspension | ☐ Return to Petition |
| ☐ Request for Reinstatement | ☐ Other: _____ |

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 SALE, TRANSFER, OR LEASE OF CERTIFICATE 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 (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.

5. 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.

6. 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.

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)

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

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	CARRYING CAPACITY *

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

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 <u>any one time and place</u>	\$ 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

Applicant's 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?

☐ 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.)

6. Is Applicant financially fit to do business as a certified carrier?

☐ Yes

☐ No

Applicant's Signature

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 transportation; no claims

for overages on property transported; no interline accounts due other

carriers; and no wages due employees of the transferor.

 Transferor's Signature

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

☐ Not Applicable

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 is 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., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.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.

I am owner, officer, director, or other person authorized to act on behalf of _____, and on behalf of _____, I have elected to
Name of Company Name of Company
submit this Class E Sale, Transfer, or Lease 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 Sale, Transfer, or Lease Application without legal counsel, I acknowledge and agree to assume the risk, if any, of resulting adverse legal consequences.

Applicant's Signature

I, _____, _____,
Name of Applicant's Representative Title

of _____,
Applicant

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.

Signature of Applicant's Representative

STATE OF SOUTH CAROLINA

COUNTY OF _____

SWORN TO BEFORE ME

This _____ day of _____, 20 ____

Notary Public

Commission Expires _____

Printed Name of Notary _____