



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
MOTOR FUEL TAX ADMINISTRATION
OFFICE OF PUBLIC CARRIER REGULATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

CERTIFICATE NUMBER:

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

PLEASE NOTE: All Questions must be answered and all necessary documentation attached to process this registration form. Please print all answers clearly.

1. Does this application involve: (check one) 1A. Not New, Docket / Certificate#: _____
 A new applicant
 Amendment to a current Certificate of Public Convenience & Necessity
 Transfer of a Certificate of Public Convenience & Necessity

2. Service Type and number of Vehicles Applied for: (check one)
 Taxi _____ Limousine _____
 Charter Bus _____ Fixed Route Carrier _____
 Trolley _____ Other (Please indicate) _____

3. Legal Name of Applicant: _____

4. Trade Name, if different from legal name: _____

5. Mailing Address: _____
City: _____ State: _____ Zip: _____

6. Location of records (Not P.O. Box): _____
City: _____ State: _____ Zip: _____

7. Federal Employer Identification Number or Social Security Number: _____

8. Telephone Number: () Fax Number: () Mobile Number: ()

9. If we have questions regarding this application and/or Public Carrier activities, who do we contact?
Name: _____ Telephone Number: () _____

10. Please specify the county/counties intended to be served: (check all that apply)
 New Castle County Kent County
 Sussex County

11. Carrier Type: (check one)
 Common – for hire to general public
 Contract – service provider to specific customer(s)

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12. Are you represented by an attorney? Yes No

Attorney's Name and Address: _____

City: _____ State: _____ Zip: _____

13. Business Type: (check one)

Individual – Give proprietor name and Social Security Number

Name: _____ Social Security Number: _____

- General Partnership
- Limited Partnership
- Limited Liability Company

Include a copy of the Partnership Agreement along with names and Social Security Numbers of all partners, **and label this document as "Attachment A"**

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

- Corporation
- S Corporation
- Limited Liability Company

Include a certified copy of the corporate charter, **and label this document as "Attachment A"**

State of Incorporation: _____ Date of Incorporation: _____

If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware. **Please label this document as "Attachment A"**

Include a copy of the State of Delaware, Department of Revenue, Business License. **Please label this document as "Attachment A"**

14. Route Type: (check one)

- Regular – Fixed route
- Irregular – Determined by customer

Fixed-Route Carriers- Please provide a map showing present and/or proposed routes and schedules. **Please label this document as "Attachment B"**

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15. Has the applicant, or the applicant's individual partners or corporate officers, ever applied to Delaware for a Certificate of Public Convenience and Necessity in the past? Yes No
If yes, under what name: _____

16. **Vehicles:** Please provide detailed information regarding the vehicles to be considered as part of this application. **Please Note: It is illegal to operate these vehicles as a Public Carrier without a valid Certificate of Public Convenience and Necessity!**

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Vehicle ID#(VIN)</u>	<u>Passenger Capacity</u>

Please submit copies of the registration cards for vehicles already in possession, and/or a purchase quotation document from the individual/company you intend to purchase the vehicle(s). **Please label these document(s) as "Attachment C"**

17. Proposed Color or Design: Public Carriers operating a Charter Bus or Taxicab must file with DelDOT a proposal for marking, painting or designing their vehicle so as to not simulate vehicles of special design or markings operated by other carriers within the same local area. **Please label these document(s) as "Attachment D"**

18. Driver Listing: Please provide the name(s) of the individuals intended to be drivers for the company

<u>Name</u>	<u>Date of Birth</u>	<u>Driver's License Number & State</u>	<u>Telephone Number</u>

Have any of the individuals, partners, officers or employees of the company ever been convicted of a felonious or infamous crime involving fraud or deceit? Yes No

Background Checks: All drivers, individuals, partners and/or officers of the company must have a criminal background check completed by the State Bureau of Investigation of Delaware, as well as their current state of residence, as part of this application. Provide the State Bureau of Investigation with the Office of Public Carrier Regulation address during the application process to have the results mailed directly to this office. These documents will be **labeled as "Attachment E"**

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- B.** 2 Del C. Ch. 18 §1802(e)(1)(b): **The applicant, as to its proposed service and/or operations, has sufficient financial ability to compensate members of the public for injuries to person or property which they may sustain from acts or failures to act of the Public Carrier.** In accordance with the authority granted by statute to the Office of Public Carrier Regulation, the company must prove financial fitness by providing one of the following: (1) a general liability insurance policy, or (2) a bond. A letter of intent for General Liability coverage, in the amount of One Million Dollars, from a qualified insurance company satisfies this requirement. In addition, for the general liability insurance policy, the DelDOT DMV, MFTA Office of Public Carrier Regulation must be listed as a Certificate Holder. If this requirement is to be met through a bond, it must be obtained from a qualified surety company and notarized, in the amount of One Hundred Thousand Dollars. The Office of Public Carrier Regulation must be listed as the third-party recipient. **Please label all documents used to satisfy this requirement as “Attachment H”.**
- C.** 2 Del C. Ch. 18 §1802(e)(1)(c): **As to the proposed service and/or operations, the applicant must comply with all applicable motor vehicle laws of the State, including, but not limited to, 21 Del C, c. 21, Subchapter IV.** The principals of the entity applying for certification, along with their intended drivers, must not have adverse driving records, and must have valid drivers licenses. In addition, the vehicles intended for Public Carrier use must be properly registered and titled in the company’s name, or a lease agreement between the business entity applying for certification and the vehicle owner must be presented. Finally, the vehicle(s) in question must not have adverse operational, safety or inspection issues. Please see the instructions for questions 16 and 17, in order to satisfy this requirement.
- D.** 2 Del C. Ch. 18 §1802(e)(1)(d): As to the proposed service and/or operations, the applicant is covered by and with a public liability and property damage policy or policies issued by a company licensed to conduct insurance business in the State with coverage’s. A letter of intent for coverage, in the amounts legally required (as identified in Chapter 3 of the Public Carrier Rules) and for all listed vehicles, from a qualified insurance company, satisfies this requirement. If a certificate is granted, a Certificate of Insurance must be provided to the Office of Public Carrier Regulation (listing all applicable vehicles) prior to actual issuance of the certificate. **Please label all documents used to satisfy this insurance requirement as “Attachment I”.**

Both the General Liability and Certificate of Liability Insurance policy and a proposal must be submitted which identifies the Certificate holder as:

**Motor Fuel Tax Administration
Office of Public Carrier Regulations
P.O. Drawer E
Dover, DE 19903**

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- E.** As annotated in the **Rules and Regulations of Public Carriers operating in the State of Delaware, Chapter 9, Section 9.2(A)(1) for Limousines and Chapter 10, Section 10.3(F) for Taxicabs:** Drivers shall keep a daily log of all trips on a printed form to be supplied by the owner. Such log sheets shall be retained by the owner for the last three years. These daily forms shall show, for each trip, the origin, destination, time leaving origin, time arriving at destination, number of passengers, amount of fare and vehicle identification number. **Please submit with the application package a copy of you company log that you will be using.** These logs are to be maintained for review by the Office of Public Carrier Regulations during our on site compliance reviews. **Please label all documents used to satisfy this requirement as “Attachment J”**
- F.** As annotated in the **Rules and Regulations of Public Carriers operating in the State of Delaware, Chapter 7, Section 7.2(C)(3) for Buses, Chapter 9, Section 9.2(C)(3), and Chapter 10, Section 10.3(I)(3):** Each certificate holder shall make a complete inspection of each motor vehicle at least once each week for mechanical or structural defects and all necessary repairs shall be made before the motor vehicle is returned to service. An itemized record of each inspection showing the date, vehicle identification, lubrication record and adjustments, and signed by the person making such inspection, shall be retained by the carrier for at least three years. **Please submit with the application package a copy of your company logs that you will be using.** These logs are to be maintained for review by the Office of Public Carrier Regulations during our on site compliance reviews. **Please label all documents used to satisfy this requirement as “Attachment K”**

22. If Amendment Application, Nature of Amendment: (Not required on New and Transfer applications) (check all that apply)

- Increase in Vehicles
Current Number: _____ Additional Number Requested: _____
- Change in Rates
Please see the instructions for question 19, in order to satisfy this requirement.
- Change in Route (Fixed-Route Carrier)
Please see the instructions for question 14, in order to satisfy this requirement.
- Change in Operational Authority
Current Authority (check all that apply)
 New Castle County Kent County Sussex County
Requested Additional Authority (check all that apply)
 New Castle County Kent County Sussex County
- Name Change
Current Company Name: _____

Intended Company Name: _____

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Does this involve a change in the company's Business Type (Individual, Partnership, Limited Liability Corporation, Corporation) and/or Federal Employer Identification Number? Yes No

If "Yes"

Previous Federal Employer Identification Number _____

Other (Please identify reason for amendment): _____

23. Does the company maintain daily or weekly travel logs? Yes No

If "Yes", please submit copies of the companies latest 30 days of activity.

24. Does the company maintain daily or weekly maintenance logs? Yes No

If "Yes", please submit copies of the companies latest 30 days of activity.

25. If Transfer Application, Transfer Information: (Not required on New and Amendment applications)

Legal name of company receiving Certificate: _____

Trade name, if different from legal name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Location of Records: (Not P.O. Box) _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number or Social Security Number: _____

Please Note: Prior to submitting this application for transfer, the transferring company should wait until the purchasing company has been approved to receive a Certificate of Public Convenience and Necessity from the Office of Public Carrier Regulations. This office will not approve an applicant who does not meet statutory criteria, even if medallion/ vehicle sales/ purchases have transpired. If the sale of vehicles are involved, the applicable sales documents must be provided to the Office of Public Carrier Regulations. **Please label all documents as "Attachment L".**

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26. Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes No

Please Note: Once signed below, ignorance of the laws, rules and regulations by any person employed by your company will not absolve you company of the responsibilities of complying with said laws, rules and regulations.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application