

CLASS A/A RESTRICTED APPLICATION 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. Provide all signatures as required.
- C. Application must be notarized in the appropriate area.
- D. If Applicant is incorporated, please attach Articles of Incorporation.
- E. Call the Public Service Commission at 803-896-5100 with any questions regarding the completion of the Transportation Cover Sheet and Application.
- F. Mail, Email 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	and	Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Email: Transportation@ors.sc.gov
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- G. Contact the Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the certification process.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

Step 2:

Application is assigned a Docket Number.

- A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at <https://dms.psc.sc.gov/Web>.
- B. 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 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, 1401 Main Street, Suite 900, Columbia, SC 29201
3. After 90 days, requests for extension of time to comply must be requested in writing.

Step 5:

Issuance of Certificate

- A. After filing of insurance, rates, and safety information, the Certificate is issued.
- B. **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 all that apply)

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

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

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: _____

- A**
 A - RESTRICTED

Application is hereby made for a Certificate, 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.)

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

Phone

Fax

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina 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 or Limited Liability Company (LLC) - List names and addresses of two principal officers.

PROPOSED ROUTE AND MILEAGE

Operating between _____ and _____

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *

* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

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. **Please attach (or include) a copy of a quote from the insurance company.**

The following 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:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

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.

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 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 Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

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

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, 1401 Main Street, Suite 900, Columbia, SC 29201
 - 3. After 90 days, requests for extension of time to comply must be requested in writing.
- Step 4:** **Issuance of Certificate**
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