

Submitting an application for a Class C Stretcher Van Certificate involves two South Carolina state agencies:

- 1.) Public Service Commission of South Carolina (PSC)      <https://www.psc.sc.gov/>
- 2.) South Carolina Office of Regulatory Staff (ORS)      <https://ors.sc.gov/>

**CERTIFICATION PROCESS - Public Service Commission - Clerk's Office**

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Stretcher Van Application, please call the Clerk's Office at 803-896-5100.

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

**\*\*Please ensure name/name of business is consistent throughout the Application\*\***

- A. Complete all sections of the Transportation Cover Sheet and Class C Stretcher Van Application.
- B. Provide all signatures as required.
- C. Application must be notarized in the appropriate area.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
- E. Mail, Email or Fax the completed Transportation Cover Sheet, Class C Stretcher Van 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](mailto:Transportation@ors.sc.gov)

**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>.

**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; Email: [Transportation@ors.sc.gov](mailto: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**

- 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**

**CLASS C - STRETCHER VAN**

Date: \_\_\_\_\_

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.

**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

<input type="checkbox"/>	Abbeville	<input type="checkbox"/>	Cherokee	<input type="checkbox"/>	Florence	<input type="checkbox"/>	Lee	<input type="checkbox"/>	Saluda
<input type="checkbox"/>	Aiken	<input type="checkbox"/>	Chester	<input type="checkbox"/>	Georgetown	<input type="checkbox"/>	Lexington	<input type="checkbox"/>	Spartanburg
<input type="checkbox"/>	Allendale	<input type="checkbox"/>	Chesterfield	<input type="checkbox"/>	Greenville	<input type="checkbox"/>	Marion	<input type="checkbox"/>	Sumter
<input type="checkbox"/>	Anderson	<input type="checkbox"/>	Clarendon	<input type="checkbox"/>	Greenwood	<input type="checkbox"/>	Marlboro	<input type="checkbox"/>	Union
<input type="checkbox"/>	Bamberg	<input type="checkbox"/>	Colleton	<input type="checkbox"/>	Hampton	<input type="checkbox"/>	McCormick	<input type="checkbox"/>	Williamsburg
<input type="checkbox"/>	Barnwell	<input type="checkbox"/>	Darlington	<input type="checkbox"/>	Horry	<input type="checkbox"/>	Newberry	<input type="checkbox"/>	York
<input type="checkbox"/>	Beaufort	<input type="checkbox"/>	Dillon	<input type="checkbox"/>	Jasper	<input type="checkbox"/>	Oconee		
<input type="checkbox"/>	Berkeley	<input type="checkbox"/>	Dorchester	<input type="checkbox"/>	Kershaw	<input type="checkbox"/>	Orangeburg		
<input type="checkbox"/>	Calhoun	<input type="checkbox"/>	Edgefield	<input type="checkbox"/>	Lancaster	<input type="checkbox"/>	Pickens		
<input type="checkbox"/>	Charleston	<input type="checkbox"/>	Fairfield	<input type="checkbox"/>	Laurens	<input type="checkbox"/>	Richland		

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	WHEELCHAIR LIFT

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.** Please attach (or include) a copy of a quote from the insurance company.

The following insurance quote is for:

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Name of Applicant

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Address of Applicant

---

Name of Insurance Company

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Website or Home Office Address of Company

**The Insurance Company quote must show the following:**

- Liability Insurance Premium
- Term of Coverage

**Minimum Liability Insurance Coverage Limits** - Bodily injury and property damage limits will not be less than the following:

		<b>Limits Quoted</b>
Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

I, the Applicant, 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](http://www.wcc.state.sc.us/self-insurance).

## Additional Questions

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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 judgments 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



## Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

Yes

No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

Yes

No

3. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

Yes

No

4. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

Yes

No

5. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

Yes

No

6. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

Yes

No

7. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

Yes

No



## **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**

- A. After filing of insurance, rates, and safety information, the Certificate is issued.
- B. Operation without the Certificate is prohibited.