

## 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 appropriate areas.
- 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 completed Transportation Cover Sheet and Application to:

**Public Service Commission  
Clerk's Office  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210**

and

**Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201**

PSC Website

ORS Website

- G. Contact the Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the certification process.

### **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: Notice of Filing**

- A. Applicant will receive cover letter and Notice of Filing document to be published in newspaper(s) of general coverage.
- B. Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
- C. Applicant **MUST** provide the Commission with the Original Publishers' Affidavits by the date specified in the cover letter.

### **Step 4: Witness and/or Attorney Information**

- 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.

### **Step 5: Notice of Hearing**

- A. A Notice of Hearing document including the date, time and place of the hearing will be mailed to all parties of record, if it is determined that a hearing is required.

### **Step 6: Public Service Commission Action**

- A. The Commission may discuss and approve or deny the application during a regularly scheduled Public Service Commission meeting.
- B. Applicant will receive an Order approving or denying the application from the Commission.
- C. If approved, Applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

**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. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.
4. Select Entity Type: (Check one)
- Individual Owner/Sole Proprietorship
- Partnership - List names and address of all person having an interest in the business.
- Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## FINANCIAL STATEMENT

Applicant's assets and liabilities are as follows:

<u><b>Assets:</b></u>		<u><b>Liabilities:</b></u>	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		<b>Total Liabilities</b>	
<b>Total Assets</b>			

**INSTRUCTIONS:**

1. “Value of Real Estate” means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. “Mortgage/Loan on Real Estate” means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. “Value of Motor Vehicles” means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. “Loans Owed on Motor Vehicles” means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. “Cash on Hand” is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. “Business/Other Loans Owed” means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. “Cash in Bank” means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. “Value of Other Assets and Equipment” should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. “Other Liabilities or Debts” means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## 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.

# DESCRIPTION OF EQUIPMENT

VEHICLE #	MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *

\* Number of seats, including driver's seat, 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. **Please attach (or include) a copy of a quote from the insurance company. The insurance quote must list current insurance premiums as listed below.**

The following insurance quote is for:

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Name of Applicant

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Address of Applicant

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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
- Liability Insurance Coverage Limits
- Term of Coverage

**Minimum Limits - Intrastate Only:**

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

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

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

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](http://www.wcc.state.sc.us/self-insurance).

## Exhibit Fit, Willing, and Able (FWA)

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Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- 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



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.

Please check the applicable box:

- 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](http://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 for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

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Applicant's Signature

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Title of Applicant (e.g. President, Owner, etc.)

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STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

SWORN TO BEFORE ME  
This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_

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Notary Public

Commission Expires \_\_\_\_\_

**Personal Identification Information**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Employer  
Identification Number: \_\_\_\_\_

\*\*\*\*\* **Confidential** \*\*\*\*\*

**For Internal Use Only**

**Print Application**