APPLICATION CHECKLIST Motor Common Carrier of Persons in Limousine Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission. If you are seeking to provide service within the City and County of Philadelphia, you must apply to the Philadelphia Parking Authority.

	The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov)
	Verified Statement of Applicant
	A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
	IF application is being made as an individual or sole proprietor.
	IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
	IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
	IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
	IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
	IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
	IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.
thr	L Parties to proceedings pending before the Commission must open and use an e-filing account bugh the Commission's website, OR you may submit your filing by overnight delivery. If a filing action to be submitted by overnight

If not eFiled, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120.

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

delivery.

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Limousine Service.

- This application is required to operate as a commercial carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants seeking to provide service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org
- 2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance. This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must exactly match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com. You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

15 passengers or less:

- (a) \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).
- (b) \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law).
- (c) First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Limousine Service

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 If you are an individual who has not formed any type of corporate entity, you should enter your name as it will appear on your insurance documents. If you are filing for a partnership, but not a limited liability partnership, the names of all partners must be entered on this line. Those names should be entered as they will appear on your insurance documents. This includes husbands and wives filing jointly. If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), even if you are the sole shareholder member, you must enter the name exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State. Trade Name (Attach a copy of fictitious name registration if applicable) This is any name which you will be operating under which differs from the LEGAL NAME O APPLICANT. A TRADE NAME is considered a FICTITIOUS NAME if the identity of the applicant cannot be readily determined. EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Limo Service" as his trade name. People cannot readily determined that John Doe is the actual operator; therefore, the name is fictitious and must be registered a such. Trade names such as "John Doe Limo Service" or "J. Doe Limo Service" are not considered fictitious and would not have to be registered. 	
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Do you currently hold PUC Authority?NO Previous Authority?	NO
If YES, at PUC No. A	
Are you a business entity registered with the PA Dept. of State?NO If NO, you must register (see checklist on how to register))
If YES, provide your PA Corporation Bureau Entity ID Number(See checklist and indicate type of business entity registered)	

Mailing Address					
Street Address					
City, State and Zip Code	County				
elephone Number	E-mail Address				
This is the e-mail address Commission until further n	to which the Commission will send all official documents issued by the otice.				
Physical Address (if different from Mailing Address. Do not use a PO Box)					
7. Physical Address (if different from Mailing Address. Do not use a PO Box)					
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10. Describe the service area proposed by this application. (Use the space below or attach additional sheet if space provided is not sufficien	t).

Examples:

- To transport people from points in Berks County to points in PA, and return.
- To transport people between points in the counties of Chester, Delaware, and Montgomery.

11. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in limousine service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

(Print Name)	(Position)
(Signature)	(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Legal Name of Applicant				
Trada	Name if any			
Trade Name, if any				
Street Address (principal place of business)	City or Municipality	State	Zip Code	

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1.	Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of
	applicant is making the statement, give name, title, business address and telephone number.

2. List the <u>applicant's</u> affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

3.	transporta		tical experience is	lacking, please p	xperience relating to th provide an explanation	
4.	description house veh storage fac by the PUC explain ho	n of your physical lo icles. As a carrier cilities, if applicable C, as well as norma w you will receive	ocation, to including of household goods. Please include a labusiness records customer requests	g office machined as in use, applica an explanation of s. In regard to you for transportation	nunication network. Ples that will be utilized, and should include a destruction plan to maintain report communication network, how you will dispatch nication with your driver	nd the facility to scription of records required work, please n the vehicles to
5.	number of explain: a. You b. You c. You d. You		ate for the size of the size o	the territory you veckground checks		
6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you already obtained vehicles for your business, please list them in the chart below. (Vehicles in lim service may not be used if the vehicle mileage is greater than 350,000.)					g. If you have	
	YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
					<u> </u>	

^{*}Vehicles with seating capacity of more than ten passengers cannot be used for limousine service.

7.	Describe your vehicle safety program. Please include the folk a. Your periodic vehicle maintenance plan	owing in your explanation:
	 Your system for ensuring your vehicles will continuous vehicle equipment standards (67 Pa. Code, Chapter 1 	
	c. Your system for ensuring that vehicles which no longe	
	shall be replaced in a timely fashion.	
8.	, , ,	can obtain insurance and pay the
	required insurance premiums.	
9.	State whether the applicant has been convicted of a misdeme	anor or felony. If applicant is
	partnership, limited liability partnership, corporation, or limited all members, officers, and/or shareholders. If "YES", explain.	
	YES NO	
	TES NO	
10	Financial Data. Complete the "Statement of Financial Positio	n" which follows this page. Please feel
10.	free to also provide additional information explaining why you	believe you have sufficient funds to
	ensure your transportation business can provide reliable servi	ce to the public in a sale manner.
	Verification of Stateme	ent
that the	The undersigned deposes and says that he/she is authorized e facts set forth therein are true and correct to the best of his/he	
The un	ndersigned understands that false statements herein are made so n 4904 relating to unsworn falsification to authorities.	
Section	n +304 relating to unsworn faisincation to authorities.	
(Signa	ature)	(Date)
(Name	ne and Title, printed or typed)	
(r v ann	io and Title, printed of typed/	

Statement of Financial Position (Balance Sheet) As of (date) _____(Must be less than 6 months old)

ASSETS

Current Assets	
Cash	
Other Current Assets (specify)	
Total Current Assets	
Tangible Assets	
Motor Vehicle Equipment	
Property (buildings, land, etc.)	
Office Equipment	
TOTAL ASSETS	
<u>LIABILITIES</u>	
Current Liabilities (Due within one year of date)	
Loans	
Credit cards/revolving credit	
Other Liabilities (Attach schedule)	
Total Current Liabilities	
Long Term Liabilities (Due after one year of date)	
Mortgage	
Long term commercial loan	
Other Liabilities (Attach Schedule)	
Total Long-Term Liabilities	
TOTAL LIABILITIES	