APPLICATION CHECKLIST
Transportation Network 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 License from the Commission.

- ❑ **The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov)**
- ❑ **A certified check, money order, or check from your attorney for $350 made payable to "Commonwealth of Pennsylvania;"**

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, 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

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 Transportation Network Service License.

1. This application is required to request a License to operate as a Transportation Network Company providing transportation for compensation between points in Pennsylvania using a digital network to facilitate prearranged rides*.*

2. Prior to providing service in Pennsylvania, acceptable evidence of insurance must be filed with the Pennsylvania Public Utility Commission. **Your permanent evidence of insurance will be a Form E certificate for bodily injury and property damage insurance. The Form E certificate may be filed at the same time this Application is filed, or may be filed later, after the Commission tentatively approves the Application. In either case, the Form E certificate must be filed to complete your Application.**

    a. 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:

    b. Insurance amounts and coverage must meet or exceed the requirements established by the Public Utility Code. 66 Pa. C.S. § 101 *et seq*.

Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES*.*

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

_____

- 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***.

2. **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 OF 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 Trucking" *as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as* "John Doe Trucking" *or* "J. Doe Trucking" *are not considered fictitious and would not have to be registered.*

3. **Applicant is:**

___ Sole Proprietor

___ Partnership

___ Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)

___ Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)

___ Limited Liability Company (Provide list of members and copy of Certificate of Organization)

___ Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)

___ Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

4. **Registration with the Department of State** - The applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC applicant's registration with this application.

5. **Please check Applicant's PUC status:**

___ Does not now, nor never has had PUC Authority

___ Does not now, but has previously held PUC Authority at A-_____

___ Holds current PUC Authority at A-_____

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

___ The Applicant WILL BE operating as a Dual Motor Carrier.

___ The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Mailing Address**

_____
Street Address

_____ _____
City, State and Zip Code County

_____ _____
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

8. **Physical Address** (If different than mailing address. Do not use a post office box.)

_____
Street Address

_____
City, State and Zip Code County

_____ _____
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

9. **Website**

_____
Website Address

The applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. **Registered Agent**

Agent's Name

Street Address

City, State and Zip Code County

Telephone Number E-mail Address

11. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

12. **Affiliated Interests** – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

13. **General Description of Nature and Scope of Business -** Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.

14. **Driver Standards** -- Please explain:

    a. Your standards for drivers;
    b. Your system for ensuring compliance with criminal background and license check requirements;
    c. Your driver training program;
    d. Your policy regarding alcohol and drug use by your drivers;
    e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;
    f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;
    g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.

15. **Vehicle Safety Program** – Please explain:

    a. How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.
    b. Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.
    c. How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.

16. **Autonomous Vehicle Safety** – Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.

    _____

    The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

17. **Customer Service Standards** – Please describe your customer service standards. Within your description, please explain:

    a. Your plan to inform customers of how to file complaints with the PUC;
    b. Your intended customer complaint resolution procedure.

18. **Insurance** – Describe steps you have taken to obtain liability insurance coverage for your business. Upon tentative approval of the application, you will be required to have an acceptable Form E certificate of insurance filed by the insurance carrier. Note: An acceptable Form E certificate may be filed at the time of filing the application.

19. **Financial Data** –You must submit documentation as evidence of your current financial position.

20. **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 License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26**. (Act 164 of 2016)

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant 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)

_____

(Signature) (Date)

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