

MARYLAND PUBLIC SERVICE COMMISSION
Transportation Division
WILLIAM DONALD SCHAEFER TOWER
6 ST. PAUL STREET, 18th Floor
BALTIMORE, MD 21202-6806
TELEPHONE: 410-767-8128 OR 1-800-492-0474
FAX: 410-333-6088
Website: www.psc.state.md.us

Dear Applicant:

Enclosed is a complete packet of the application materials you must file in order to obtain authority from this Commission to operate as a for-hire passenger carrier in intrastate commerce in Maryland. Please contact us, the Transportation Division, at 410-767-8128 for applications for Passenger-For-Hire driver's licenses, which must be completed and filed by any driver(s) who drive vehicles that transport 15 or fewer passengers.

You may not operate as a for-hire passenger carrier until you have received written approval from the Public Service Commission and your drivers who drive for-hire vehicles transporting 15 or less passengers have been licensed by this Commission.

If you provide a service for which Washington Metropolitan Area Transit Commission (WMATC) requires a Certificate of Authority which encompasses operating in the Washington Metropolitan area (Washington, D.C., Montgomery and Prince George's Counties in Maryland, and Arlington and Fairfax Counties in Northern Virginia), you must provide proof that you are authorized to do so by WMATC. You may contact WMATC at 301-588-5260 for an application and information.

You may drop off passengers at BWI Thurgood Marshall Airport but you may not pick up passengers without the required permit (Application for Courtesy/Commercial Permit) from the Maryland Aviation Administration, 410-859-7298 or 410-859-7073.

For information regarding the legality of providing alcoholic beverages as part of a transportation service, please contact the Comptroller of Maryland's Alcohol and Tobacco Tax Bureau by telephone at 410-260-7314 or by email at att@comp.state.md.us.

After you have completed the application forms and gathered the required documentation, you may submit your application by mail or in person to the Transportation Division at the address above. If you have any questions about the application process, please call the Transportation Division at 410-767-8128.

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APPLICATION FOR AUTHORITY TO OPERATE AS A CARRIER OF PASSENGERS BY MOTOR VEHICLES IN INTRASTATE COMMERCE IN MARYLAND

1. PLEASE CHECK TYPE OF AUTHORITY APPLYING FOR:

- CHARTER/CONTRACT PASSENGER CARRIER
Check All That Apply: Bingo Bus Limousine Sedan Van Transportation Network Company (TNC)
- REGULAR SCHEDULE PASSENGER COMMON CARRIER

2. IDENTIFICATION OF APPLICANT/CARRIER:

Name: _____
(Individual, Partnership, Corporate or Limited Liability Company Name - if a corporation or limited liability company, the name must be stated exactly as the name under which your corporate charter or LLC was granted.)

Trade Name: _____
(Attach copy of trade name registration certificate issued by Maryland Department of Assessments and Taxation)

Business Street Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____ E-Mail address _____

3. PLEASE CHECK FORM OF BUSINESS OWNERSHIP AND COMPLETE SECTION IN FULL:

- CORPORATION / LLC** Type the name, address and telephone number of the President, Secretary or Members (if an LLC) and Resident Agent (who must be a Maryland Resident). *ALSO, SUBMIT A COPY OF THE ARTICLES OF INCORPORATION (ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY) AND A CURRENT CERTIFICATE OF GOOD STANDING FROM THE MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION.*
- President / Member _____ Date of Birth _____ Social Security No. _____
Address _____ Telephone _____
Secretary / Member _____ Date of Birth _____ Social Security No. _____
Address _____ Telephone _____
Resident Agent _____ Telephone _____
Address _____

- PARTNERSHIP** Type the name, address and telephone number of each partner.
- Partner _____ Date of Birth _____ Social Security No. _____
Address _____ Telephone _____
Partner _____ Date of Birth _____ Social Security No. _____
Address _____ Telephone _____

SOLE PROPRIETORSHIP Type the name, address and telephone number of the sole proprietor.

Name: _____ Date of Birth _____ Social Security No. _____

Address _____ Telephone _____

4. PLEASE PROVIDE YOUR INTERSTATE FEDERAL HIGHWAY ADMINISTRATION DOCKET NUMBER (DOT NUMBER), IF ANY: _____ DOT NUMBER _____

5. PLEASE PROVIDE YOUR WASHINGTON METROPLITAN AREA TRANSIT COMMISSION (WMATC) CERTIFICATE NUMBER, IF ANY _____ WMATC CERTIFICATE NUMBER _____

6. INSURANCE INFORMATION:

- a. Evidence of Automobile Liability Insurance: Submit an original Certificate of Insurance which includes all information described on the attached list.
- b. Evidence of Compliance with Maryland Workers' Compensation Laws:

If you employ drivers, you must provide the policy or binder number _____ and

Name of insurance company _____

OR

If you do not employ drivers, sign the form "Exclusion Form - Workers' Compensation Insurance"

7. SCHEDULES:

- a. If you are applying as a Charter/Contract Passenger Carrier, you will receive authority to operate to all points and places within Maryland.
- b. If you are applying as a Regular Schedule Passenger Carrier, please attach a copy of your schedule.
- c. If you intend to operate to bingo halls, please list them below:

8. **RATES:** Attach a signed and dated copy of your rate sheet listing all rates to be charged in Maryland. This rate sheet must also include your name, address and telephone number as shown on this application. Notification of any change in rates must be submitted by written notice 30 days in advance of the change.

9. **VEHICLES TO BE OPERATED:** Complete the attached Passenger Vehicle List, providing all requested information for each vehicle to be used in providing service in intrastate commerce in Maryland. TNC's may have their individual operators provide this information.

The Maryland Public Service Commission requires carriers operating under its authority to adhere to the Commission's rules and regulations governing motor carrier companies. (See Sections 9-201 through 9-207, 4-201 through 4-205, and 5-301 through 5-304 of the Public Utility Companies Article of the Annotated Code of Maryland and Code of Maryland Regulations Title 20, Subtitle 95.01.01 through 95.01.19.) The rules and regulations are available on the Commission's website at www.psc.state.md.us. Failure to adhere to Commission requirements could lead to suspension or revocation of your operating authority.

I hereby certify that the information in this application is true, correct and complete. I also hereby certify that I agree to comply with all city, state and federal ordinances and statutes and regulations of the Public Service Commission.

Signature of Applicant or Representative

Title of Person Signing

Date

Typed Name of Applicant or Representative

INSURANCE REQUIREMENTS

PASSENGER-FOR-HIRE VEHICLES (Non-Transportation Network Operator Vehicle):

The minimum per accident insurance required for each motor vehicle with a seating capacity of **seven passengers or less** is:

- (a) \$50,000 for injury to any one person, \$100,000 for injuries to two or more persons, and \$20,000 for property damage; or
- (b) \$120,000 combined single limit.

The minimum per accident insurance required for each motor vehicle with a seating capacity of **eight to 15 passengers** is:

- (a) \$75,000 for injury to any one person, \$200,000 for injuries to two or more persons, and \$50,000 for property damage; or
- (b) \$250,000 combined single limit.

The minimum per accident insurance required for each motor vehicle with a seating capacity of **16 passengers or more** is:

- (a) \$75,000 for injury to any one person, \$400,000 for injuries to two or more persons, and \$100,000 for property damage; or
- (b) \$500,000 combined single limit.

TRANSPORTATION NETWORK OPERATOR PASSENGER-FOR-HIRE VEHICLES:

\$50,000 for injury to any one person, \$100,000 for injuries to two or more persons, and \$25,000 for property damage in addition to interest and costs; uninsured motorist insurance coverage required under §19-509 of the Insurance Article; and personal injury protection coverage required under §19-505 of the Insurance Article – See PUA §10-405 for full requirements.

TRANSPORTATION NETWORK COMPANY:

Documentation of Insurance Compliance as defined in PUA §10-405.

CERTIFICATE OF INSURANCE REQUIREMENTS

If insurance is provided by a private insurer, the Certificate must be on an ACORD or other similar form. If insurance is issued by the Maryland Automobile Insurance Fund (MAIF), the Certificate must be on a MAIF form issued directly from MAIF.

All Certificates must include:

1. The name of the insured exactly as it appears on your PSC application, under which your authority was issued;
2. The Public Service Commission as certificate holder;
3. A statement that, in the event of cancellation, your insurer will give you and the PSC ten (10) days written notice;
4. A list of each vehicle covered, identified by year, make and complete VIN number (either typed on the Certificate or on insurance company letterhead);
5. The limits of liability;
6. The effective and expiration dates of the policy;
7. The name and address of the insurance company and agent (both of which must be licensed by the Maryland Department of Labor, Licensing and Regulation); and
8. The printed or typed name and original signature of the person authorized to sign the Certificate of Insurance.

The Code of Maryland Regulations prohibits all vehicles transporting passengers (20.95.01.18) and all taxicabs operating in Baltimore City and Baltimore County (20.90.02.19) and in Hagerstown and Cumberland (20.90.03.17) from being operated unless the vehicles are insured in accordance with the minimum limits listed above.

VEHICLE DOCUMENTATION REQUIRED

1. Safety Information:

a) For each used vehicle (5,000 miles or more on odometer):

An original Maryland State Inspection Certificate. Note: Inspection Certificate must be valid when PSC Authority is granted.

b) For each new vehicle (less than 5,000 miles on odometer):

A copy of the bill of sale and a copy of the certificate of origin (front and back) may be substituted for the required inspection.

C) If the vehicle is designed to transport 16 or more passengers:

You may request a PSC inspection instead of submitting a Maryland State Inspection Certificate. If you wish to schedule a PSC inspection, please provide a phone number and the number of vehicles to be inspected. Inspections will be scheduled *only after* all other required documentation has been submitted and approved.

This is for those vehicles designed to transport 16 or more passengers.

Yes No Do you need to schedule a PSC inspection?

Yes No Is a records review required?

Phone: _____ **Number Of Vehicles** _____

2. A Valid Certificate Of Insurance Covering All Vehicle(s) Listed.

PLEASE TYPE OR PRINT LEGIBLY

**Applicant/Carrier
Name:** _____

Business Address: _____

Inspection Address - - If Address Is Different Than Above:

**Signature(s)
(Authorized Representative):** _____

**List of Driver(s) Who Will Drive For-Hire Vehicles
Designed to Seat 15 Passengers or Less**
(Please type or print legibly)

Carrier Name _____

Address _____

Complete the form below and submit it with your completed application packet to:

Public Service Commission
Transportation Division
6 St. Paul Street
Baltimore, Maryland 21202

My for-hire passenger carrier service currently has _____ drivers who operate vehicles with a passenger capacity of 15 or less. These drivers are:

Name

**Passenger-For-Hire
Driver's License Number**
(NOT the MVA driver's license #)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Title

Telephone Number

Workers' Compensation Insurance Coverage Requirements

Before the Public Service Commission may issue a license or permit to a passenger for-hire transportation business, the Commission must determine whether the business is required to carry workers' compensation insurance for covered employees in accordance with the Labor and Employment Article §9-206 of the Annotated Code of Maryland.

Employee: Every person performing services for remuneration in the course of the business of an employer. This does not include an independent contractor. An employee is a person who: has been selected and engaged; is paid wages; can be dismissed; is subordinate to the employer; and is engaged in the regular work of the employer.

Independent Contractor: One who contracts to perform certain work for another according to his own means and methods; and is free from the control of the employer in all details connected with the performance of the work except as to its product or result.

The most important factor in deciding whether a person is an employee or an independent contractor is whether the employer has the right to control and direct that person in the manner in which the work is done.

The following types of businesses may elect to carry workers' compensation insurance or may elect to be excluded from coverage: (The business type must be exactly as listed and not modified in any way.)

1. Sole Proprietor: The business is a sole proprietorship with no employees and no intent to hire employees.
2. Partnership: The business is a partnership with no employees other than the individual partners.
3. A Maryland Close Corporation: The business is a Maryland Close Corporation with no employees other than the corporate officers.
4. Limited Liability Company: The business is a Limited Liability Company with no employees other than limited liability company members who own at least 20% of the interest in profits of the company.

If your business is one of the above types, you may elect to carry workers' compensation insurance (contact your agent and provide a Certificate of Insurance to the Transportation Division) or you may elect to be excluded from coverage by completing the attached exclusion form and submitting it with your completed application package, or you may submit a Certificate of Compliance from the Maryland Workers' Compensation Commission.

**EXCLUSION FORM REQUIRING SIGNATURE ON NEXT PAGE
(IF APPLICABLE)**

Exclusion Form - Workers' Compensation Insurance

(Please type or print legibly)

Name of Business or Sole Proprietorship

Names of Owner(s). If a partnership, list each partner's name separately.

Business address

City

State

Zip Code

Mailing Address, if different from above

Phone number

FEIN or Social Security Number

The above named business qualifies to be excluded from carrying Workers' Compensation insurance for the following reason: (Check the appropriate box.)

- Sole Proprietorship: The business is a sole proprietorship with no employees.
- Partnership: The business is a partnership with no employees other than the partners.
- Maryland Close Corporation: The business is a Maryland Close Corporation with no employees other than the corporate officers.
- Limited Liability Company: The business is a Limited Liability Company with no employees other than limited liability company members who own at least 20% of the interest in profits of the company.

Each officer or member wishing to be excluded from Workers' Compensation insurance coverage must sign this document. NOTE: By signing this document, each officer or member affirms under penalties of perjury that the information contained in this form is true and correct to best of the officer's or member's knowledge, information, and belief.

Typewritten or printed name of

Officer or Member electing exclusion

% of ownership

Personal Signature

<i>Typewritten or printed name of Officer or Member electing exclusion</i>	<i>% of ownership</i>	<i>Personal Signature</i>

