

MARYLAND PUBLIC SERVICE COMMISSION  
Transportation Division  
WILLIAM DONALD SCHAEFER TOWER  
6 ST. PAUL STREET, 18<sup>th</sup> Floor  
BALTIMORE, MD 21202-6806  
TELEPHONE: 410-767-8128 OR 1-800-492-0474  
FAX: 410-333-6088  
Website: [www.psc.state.md.us](http://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, 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 within 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 (<http://wmatc.gov/>).

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, 410-859-7374 or 410-859-7073 (<https://marylandaviation.com/permits-forms/commercial-courtesy-operators-at-bwi-marshall-airport/>).

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](mailto: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. The Transportation Division walk-in office hours are Monday through Thursday from 9AM to 12Noon and 1PM to 4PM. If you have any questions about the application process, please call the Transportation Division at 410-767-8117 to reach Ms. Munzio Tazwell.

## INFORMATION NEEDED FOR FILING YOUR APPLICATION TO BECOME A CARRIER

- Completed **Application Form**.
- Trade Name** – *If you have a trade name, you must file your trade name with the Maryland Department of Assessments and Taxation (301 W. Preston St., 8<sup>th</sup> Fl, Baltimore, 410-767-1330 or 1340). If applicable.*
- Corporation/LLC** – *If you are filing as a Corporation or LLC, you must provide a copy of the Articles of Incorporation or Articles of Organization and a current Certificate of Good Standing obtained from the Maryland Department of Assessments and Taxation (301 W. Preston St., 8<sup>th</sup> Fl, Baltimore, 410-767-1330 or 1340). If applicable.*
- TNC** - Provide the name of the Digital Network and website to download Digital Network app if filing as a Transportation Network Company. *If applicable.*
- TNC** - Provide the company name, mailing address, phone number and email address of the proposed third-party background screener of the carrier's national criminal history record check. Please provide documentation that the company is part of the National Association of Professional Background Screeners or a comparable entity approved by the Commission. *If applicable.*
- WMATC Certificate Number** - *If you intend to operate point-to-point within the Washington metropolitan region (Washington, DC, Montgomery and Prince George's Counties in Maryland, and the two northern counties of Virginia (Arlington and Fairfax) that are contiguous to Washington, DC), you must also apply for authority from the Washington Metropolitan Area Transit Commission (WMATC) and submit PSC a copy of your WMATC Certificate of Authority – Contact the WMATC at (301) 588-5260. If applicable.*
- Federal Highway Administration Docket Number (DOT Number)** – If you plan to provide interstate transportation service, contact the Federal Motor Carrier Safety Administration at (855) 368-4200. *If applicable.*
- A **Certificate of Insurance for Automobile Liability Coverage and, if a TNC, documentation of Insurance Compliance as defined in PUA §10-405.**
- Evidence of **Workers' Compensation coverage** OR the signed **Exclusion Form - Workers' Compensation Insurance** OR the **Certificate of Compliance** from Workers' Compensation Commission.
- Rate Sheet** – must be submitted with application and filed with Office of People's Counsel (6 St. Paul Street, 21<sup>st</sup> Floor, Baltimore, MD 21202) and must include:
  - ✓ Name
  - ✓ Telephone Number
  - ✓ Signature of Business Owner
  - ✓ Address (street, city, state, zip)
  - ✓ Company Name (if applicable)
  - ✓ Rates/fees/charges (clearly explained)
  - ✓ Trade Name (if applicable)
  - ✓ Date
  - ✓ Area(s) of Service
- A completed **Passenger Vehicle List** (all for-hire vehicles must be listed). Note: for TNC's, this information will be provided by the individual Transportation Network Operator or PSC authorized Carrier. (A motor vehicle shall not exceed more than 12 model years of age, unless the vehicle is an historic motor vehicle as defined in Transportation Article, §13-936, Annotated Code of Maryland, or the vehicle exceeds 10,000 pounds GVWR)
- Safety Information** – for each vehicle operated (for TNC's, this information will be provided by the individual Transportation Network Operator) all vehicles must comply with the provisions under COMAR 20.95.01.11:
  - A signed and dated Self-Certification Affidavit for vehicle safety recall compliance. AND
  - An original Maryland State (or adjacent State or District of Columbia if approved by the Commission) Inspection Certificate (Note: inspection certificate must be valid when PSC Authority is granted), OR
  - If the vehicle is new (less than 7,500 miles), the Bill of Sale and an Odometer Disclosure Certificate or a Certificate of Origin (both sides). OR
  - If the vehicle is 10,001 or greater Gross Vehicle Weight Rating (GVWR), a valid inspection performed within the last 90 days in accordance with the Maryland Motor Carrier Safety Program, a valid Maryland State inspection or you may request a PSC inspection by using the **Vehicle Documentation Required** form.
- A completed **Vehicle Documentation Required** form.
- A completed **List of Driver(s) Who Will Drive For- Hire Vehicles Designed to Seat 15 Passengers or Less** – For those driving for-hire vehicles under 15 passengers, a Passenger For-Hire Driver's License is required. Call 410-767-8128 for application forms. A schedule if applying as a Regular Schedule Passenger Carrier. And/or if you intend to transport passengers to and from bingo halls, a list of participating bingo halls and respective rates.
- A written statement that you will not operate at BWI Thurgood Marshall Airport until approved by the PSC and the Courtesy/Commercial Permit is obtained from the Maryland Aviation Administration. *If applicable.*

Your application cannot be processed until all information has been received. Please allow up to 4-6 weeks for processing.

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6 ST. PAUL STREET, 18<sup>th</sup> Floor  
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**APPLICATION FOR AUTHORITY TO OPERATE AS A CARRIER OF PASSENGERS BY MOTOR VEHICLES IN INTRASTATE COMMERCE IN MARYLAND**

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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 or print 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 or print 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 or print 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 (USDOT NUMBER), IF ANY: \_\_\_\_\_ USDOT 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 and are eligible, 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 provide a list of locations and respective rates charged:

8. **RATES:** Attach to the application a signed and dated copy of your rate sheet listing all rates to be charged in Maryland and provide a copy of your rates to the Office of People's Counsel (see COMAR §20.95.01.08B(1)). 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 14 days in advance of the change and a copy provided to the Office of People's Counsel.

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 95.01.26.) 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 or Printed 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 a jurisdiction under the Commission's authority (20.90.02.19) 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 vehicle:**

A signed and dated Self-Certification Affidavit for vehicle safety recall compliance.

**b) For each used vehicle:**

An original Maryland State Inspection Certificate (or adjacent State or District of Columbia if approved by the Commission) Inspection Certificate. Note: Inspection Certificate must be valid when PSC Authority is granted. In addition, a vehicle over 10 model years old or over 10,000 lbs. GVWR will require semi-annual inspections.

**c) For each new vehicle (less than 7,500 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.

**d) If the vehicle is over 10,000 pounds Gross Vehicle Weight Rating (GVWR):**

A valid inspection performed within the last 90 days in accordance with the Maryland Motor Carrier Safety Program, a valid Maryland State inspection or you may request an inspection conducted by PSC Staff instead of submitting a Maryland State Inspection Certificate. If you wish to schedule an inspection conducted by PSC Staff, 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.

*For vehicles over 10,000 pounds Gross Vehicle Weight Rating (GVWR).*

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need to schedule an inspection conducted by PSC Staff? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a records review required?                                 |

**Phone:** \_\_\_\_\_ **Number Of Vehicles** \_\_\_\_\_

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

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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 \_\_\_\_\_

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

Public Service Commission  
Transportation Division  
6 St. Paul Street, 18<sup>th</sup> Floor  
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/DMV 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)

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Name of Business or Sole Proprietorship

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

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Business address	City	State	Zip Code
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Mailing Address, if different from above

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Phone number	FEIN or Social Security Number
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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.

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



## **NOTICE**

Effective July 1, 2022, all T-10 applications changing a vehicle on a taxicab permit and all vehicle additions to a Carrier's fleet, including Transportation Network Companies, must be accompanied with the completed, signed and dated "Self-Certification Affidavit for Vehicle Safety Recalls - 7-20-22 Final.pdf" and will be required annually thereafter.

The Self-Certification form is also available on our website, under the Transportation tab, in the "Applications & Forms" section on the left side of the page and under the "Quick Links" on the right side of the page (<https://www.psc.state.md.us/transportation/>).

For your convenience, you can use the following websites to check for vehicle safety recalls: <https://checktoprotect.org/vin-check/> and <https://www.nhtsa.gov/recalls>.

**Open Vehicle Safety Recalls  
Self-Certification Affidavit**

I hereby certify that I have checked for any open vehicle safety recalls for the following \_\_\_\_\_ (year) \_\_\_\_\_ (make) \_\_\_\_\_ (model) with Vehicle Identification Number \_\_\_\_\_ and have found the following to be true:

**(Please check the applicable statement below)**

\_\_\_\_\_ **1)** the vehicle is not subject to any open safety recalls issued by a vehicle manufacturer and posted online by the National Highway Traffic Safety Administration (NHTSA) under 49 U.S.C. §30118;

\_\_\_\_\_ **2)** the vehicle is subject to an open safety recall as posted online by NHTSA; however, there is no remedy available at this time;

\_\_\_\_\_ **3)** the vehicle is subject to an open safety recall as posted online by NHTSA; however, parts are not available at this time. I agree to remedy the open safety recall as soon as practicable, after parts become available, and not to exceed 90 days from the availability of the parts.

I hereby self-certify that the above information is true and correct as of the date of self-certification below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Self-Certification

Carrier / Permit Number: \_\_\_\_\_