

# MARYLAND PUBLIC SERVICE COMMISSION

## PASSENGER VEHICLE LIST

(This Form Must Be Typewritten)

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

Trade Name, If Any: \_\_\_\_\_

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

(Street)

(City)

(State)

(Zip)

Address Where Vehicles Will Be Available for PSC Inspection: \_\_\_\_\_

Local Phone No.: \_\_\_\_\_ PSC Carrier No.: \_\_\_\_\_

The vehicles listed on this form are: ☐ Complete Vehicle List (New Carriers Only)

☐ Vehicle(s) Being Added

☐ Vehicles(s) Being Deleted (All PSC decals and MVA tag return receipt must be returned with this form)

**COMMERCIAL TAG NUMBER MUST BE PROVIDED TO THE PSC AS SOON AS TAGS ARE ISSUED BY MVA.**

Unit Number	Vehicle Make & Type	Model Year	Vehicle Identification Number (VIN)	Vehicle Owner	Pass. Capacity	State of Reg.	Tag Number	Wheelchair Accessible? (Yes/No)

**I hereby certify that every vehicle listed above is equipped with a fire extinguisher (minimum rating of 5 BC) and three roadside reflectors and is identified by a distinctive unit number and the name, trade name, or company logo conspicuously displayed.**

**AND**

**I hereby agree not to operate any vehicle in intrastate commerce in Maryland unless it has been registered and approved for use by the Maryland Public Service Commission.**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

(PSC APPROVAL STAMP)  
**ISSUE COMMERCIAL TAGS ONLY**