

MARYLAND PUBLIC SERVICE COMMISSION  
Transportation Division  
WILLIAM DONALD SCHAEFER TOWER  
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BALTIMORE, MD 21202-6806  
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FAX: 410-333-6088  
Website: [www.psc.state.md.us](http://www.psc.state.md.us)

**Notice to All Regulated Passenger Carriers**

As an authorized carrier of passengers by motor vehicles in intrastate commerce in Maryland you are responsible for providing the Transportation Division with the following information:

1. Written notification of change of name / address / telephone number.
2. Written notification of change of form of business (Example: change from sole proprietorship to corporation)
3. Any changes in corporate names, trade names, names of corporate officers.
4. Any new contracts with customers, if you are a contract carrier.
5. Addition or deletion of any vehicle to/from your currently approved list of vehicles.
6. Self-Certification Affidavit for vehicle safety recall compliance.
7. Renewal certificates of insurance at time of expiration of current certificate.
8. Changes in rates must be filed with the Public Service Commission and the Maryland Office of People's Counsel 14 days in advance of effective date (see COMAR §20.95.01.08B).
9. Changes in schedules/routes, if you are a regular route passenger carrier.
10. Written notification of termination of business if you cease to operate.

For information/forms regarding the above or other related matters, please call (410) 767-8117 to reach Ms. Munzio Tazwell.

State of Maryland  
**Public Service Commission**  
Transportation Division

\*\*\*\*\***INSTRUCTIONS FOR VEHICLE ADDITIONS**\*\*\*\*\*

The following documents must be submitted by mail, or in person on Wednesdays or Thursdays only, between 9:00 AM and 11:30 AM, to the Transportation Division before a vehicle **addition** can be processed:

1. A SIGNED AND COMPLETED PASSENGER VEHICLE LIST (sample attached). Every carrier should have a supply of these. Please be sure to check the section near the top indicating that the form is for vehicles being added.
2. A COMPLETED CERTIFICATE OF INSURANCE which must include: the name in which the carrier holds its PSC authority (except for MAIF Certificates which are only issued in the name of the vehicle owner), the limits of liability coverage (which must meet or exceed PSC requirements), the name of the insurance company and broker (both of whom must be licensed by the Maryland Insurance Administration), the effective and expiration dates of the policy, the VIN numbers of all vehicles covered, on the Certificate itself or on insurance company letterhead attached to the Certificate), the PSC's name and address as a Certificate Holder, and a statement that the policy will not be canceled without 10 days notice to the PSC.
3. FOR A LIMOUSINE (as defined in the Transportation Article of the Annotated Code of Maryland §11.129.1), THAT HAS BEEN STRETCHED AFTER MANUFACTURE, VERIFICATION FROM THE MODIFIER/COACH BUILDER OF THE MODIFICATION, VIN NUMBER, AND PASSENGER CAPACITY OF THE STRETCHED VEHICLE.
4. FOR A NEW VEHICLE (LESS THAN 7,500 MILES ON ITS ODOMETER), A COPY OF THE CERTIFICATE OF ORIGIN (including the back of the form with the odometer reading) AND A COPY OF THE BILL OF SALE OR
5. FOR A USED VEHICLE, A MARYLAND STATE INSPECTION CERTIFICATE issued within the past 90 days from an authorized Maryland State Inspection Station. For vehicles less than 10,000 lbs. GVWR, the yellow sticker will be mailed or given once the vehicle is approved to be added to the fleet. For vehicles over 10,000 lbs. GVWR, the PSC inspector will place its yellow authorization decals on the vehicle after we have verified that all markings are correct and have inspected the vehicle. (Motor coaches and school buses may be inspected by a Maryland State Inspection Station or by the PSC).
6. A SIGNED AND DATED Self-Certification Affidavit for vehicle safety recall compliance.

Our goal is to process vehicle additions within **THREE DAYS** from receipt of all paperwork. In order to save time, you may fax copies to us and mail the hard copies on the same day.

\*\*\*\*\***INSTRUCTIONS FOR VEHICLE DELETIONS**\*\*\*\*\*

The following documents must be presented by mail, or in person on Wednesdays or Thursdays only, between 9:00 AM and 11:30 AM, to the Transportation Division in order to **delete** a vehicle from your fleet:

1. SIGNED AND COMPLETED PASSENGER VEHICLE LIST. Please be sure to check off the section near the top indicating that the vehicle(s) is being deleted.
2. PSC DECALS (yellow authorization sticker and red inspection sticker) must be removed and attached to the vehicle list; and
3. MVA TAG RETURN RECEIPT FOR THE FOR-HIRE LICENSE TAGS.

If there are any questions about this process, please contact the Administrative Specialist assigned to your company either Ms. Munzio Tazwell at 410-767-8117 or email at [munzio.tazwell@maryland.gov](mailto:munzio.tazwell@maryland.gov).

## 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.

MARYLAND PUBLIC SERVICE COMMISSION

PASSENGER VEHICLE LIST

(Please Print Clearly)

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

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

Local Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Address Where Vehicle(s) Will Be Available for PSC Inspections: \_\_\_\_\_

The vehicle(s) listed on this form contain:

Complete Vehicle List (New Carriers Only)

Vehicle(s) Being Added

Vehicles Being Deleted

LIST **VEHICLE(S) BEING ADDED** BELOW: **(VEHICLES BEING ADDED MAY NOT EXCEED 12 MODEL YEARS OLD\*)**

\* Unless the vehicle's weight exceeds 10,000 lbs. GVWR

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

Table with 10 columns: UNIT #, VEHICLE MAKE / TYPE, MODEL YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), VEHICLE OWNER, PASS. CAPACITY, STATE OF REG, TAG #, WHEELCHAIR ACCESSIBLE (YES/NO), 10,000+ LBS GVWR (YES/NO)

LIST **VEHICLE(S) BEING DELETED** BELOW:

All PSC Decals & MVA Tag Return Receipts MUST be Returned With This Form

Table with 10 columns: UNIT #, VEHICLE MAKE / TYPE, MODEL YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), VEHICLE OWNER, PASS. CAPACITY, STATE OF REG, TAG #, WHEELCHAIR ACCESSIBLE (YES/NO), 10,000 + LBS GVWR (YES/NO)

I hereby certify that every vehicle listed above 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 and agree to adhere to preventative maintenance requirements as outlined in Transportaion Article §23-302.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

(PSC APPROVAL STAMP)
ISSUE COMMERCIAL TAGS ONLY

## **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: \_\_\_\_\_