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 <u>att@comp.state.md.us</u>.

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.

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., 8th Fl, Baltimore, 410-767-1330 or 1340). OR
- 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., 8th Fl, Baltimore, 410-767-1330 or 1340).
- **TNC -** Provide the name of the Digital Network and website to download Digital Network app if filing as a Transportation Network Company.
- **TNC** Provide the company name, mailing address, phone number and email address of the proposed third-party backround 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.
- WMATC Certificate Number If you intend to operate in 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 Mr. Bill Morrow at (301) 588-5260.
- **Federal Highway Administration Docket Number (DOT Number)** If you plan to provide interstate transportation service, contact the Federal Motor Carrier Safety Administration at (800) 832-5660.
- 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 include:
 - ✓ Name
 ✓ Address (street, city, state, zip)
 ✓ Trade Name (if applicable)
 - ✓ Telephone Number ✓ Company Name (if applicable) ✓ Date
 - ✓ Signature of Business Owner
- 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.
- **Safety Information** for each vehicle operated (for TNC's, this information will be provided by the individual Transportation Network Operator):
 - 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 5,000), the Bill of Sale and an Odometer Disclosure Certificate or a Certificate of Origin (both sides). OR
 - □ If the vehicle is designed to transport 16 or more passengers, 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.

FYIs: All vehicle parts and accessories shall be in safe and proper operating condition at all times. Vehicles must be without interior and exterior damage. Each vehicle must be equipped with a fire extinguisher (minimum rating of 5 BC) and three (3) roadside reflectors and is identified by a distinctive unit number and the name, trade name, or company logo conspicuously displayed.

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

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

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

1.	PLEASE CHECK TYPE OI	F AUTHORITY APPLYING	FOR:						
	CHARTER/CONTRACT PAS Check All That Apply: Company (TNC)		usine 🗌 Seda	n 🗌 Van 🗌 Tra	nsportation Network				
		SSENGER COMMON CARRIE	ER						
2.	IDENTIFICATION OF API	PLICANT/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:								
		gistration certificate issued by M	laryland Departm	nent of Assessments and	Taxation)				
	Business Street Address		City	State	Zip				
	Mailing		_						
	Telephone No.	Fax No		E-Mail address					
3.	PLEASE CHECK FORM O	F BUSINESS OWNERSHIP		FE SECTION IN FUL	T.				
	and Resident Agent (who mus (ARTICLES OF ORGANIZA) STANDING FROM THE MAR President /	ype the name, address and telep st be a Maryland Resident). AL TION FOR LIMITED LIABILI RYLAND DEPARTMENT OF AS Date of Birth	SO, SUBMIT A CO TY COMPANY) SSESSMENTS AN	OPY OF THE ARTICLI AND A CURRENT C D TAXATION.	ES OF INCORPORATION ERTIFICATE OF GOOD				
	Address			Telephone					
	Secretary /	Date of Birth							
	Address			Telephone					
				Telephone					
	Address								
	PARTNERSHIP Type the na	ame, address and telephone nun	ber of each partn	er.					
	Partner	Date of Birth		Social Security No.					
				Telephone					
		Date of Birth							
	Address			Telephone					

Page 2 of 2

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

	Name:	Date of Birth	Social Security No.
	Address		Telephone
4.		PROVIDE YOUR INTERSTATE FEDERAL HIGHWAY STRATION DOCKET NUMBER (DOT NUMBER), IF ANY:	DOT NUMBER
5.		PROVIDE YOUR WASHINGTON METROPLITAN AREA Γ 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

TR5 FORM-28 REV 6-15

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. Form-20 Rev. 06/15

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 No	Do you need to schedule a PSC inspection?
	Yes	No No	Is a records review required?
	Phone:		Number Of Vehicles
2. <u>A Valid</u>	<u>Certificate</u>	Of Insurance Cov	vering All Vehicle(s) Listed.
		Please	E TYPE OR PRINT LEGIBLY
Applicant/C N	Carrier Name:		
Business Ad	ldress:		
Inspection A	Address I	f Address Is <u>Diff</u> e	erent 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 Public Service Commiss Transportation Division 6 St. Paul Street Baltimore, Maryland 2	sion
My for-hire passenger carrier service current passenger capacity of 15 or less. These drive	ly has drivers who operate vehicles with a ers are:
Name	Passenger-For-Hire Driver's License Number (NOT the MVA driver's license #)
Sig	mature
~-0	,
7	Γitle [
Telepho	one 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.

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

State

Mailing Address, if different from above

Phone number

FEIN or Social Security Number

Zip Code

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.

City

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.

MARYLAND PUBLIC SERVICE COMMISSION PASSENGER VEHICLE LIST

(This Form Must Be Typewritten)

Name of Applicant:						
Trade Name, If Any:						
Local Address:(Stree	t)			(City)	(State)	(Zip)
Address Where Vehicles V	Vill B	Зe	Available for PSC Inspection	on:		
Local Phone No.:				_PSC Carrie	r No.:	
The vehicles listed on this form are]]]	Complete Vehicle List (New Carriers C Vehicle(s) Being Added	nly)		
	[]	Vehicles(s) Being Deleted (All PSC de	cals and MVA tag re	eturn receipt must be returned	d 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 unless waived by the Commission.

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**