



**Georgia Public Service Commission
Transportation Unit
244 Washington Street S.W.
Atlanta, Georgia 30334-5701
(404) 656-4501 or (800) 282-5813
www.psc.state.ga.us**

**INSTRUCTION SHEET: APPLICATION FOR TRANSFER OR LEASE OF PERMANENT
MOTOR CARRIER CERTIFICATE(S)**

This form is to be used for making application to the Georgia Public Service Commission (hereafter known as GPSC) for either transfer or lease of Motor Carrier Certificate(s). **Only permanent Certificates may be transferred.**

It will take about six (6) to six (8) weeks to process an application from the time GPSC receives it, until the time it is approved. CARRIER CANNOT OPERATE UNTIL A CERTIFICATE IS RECEIVED FROM GPSC.

- ❖ Complete, sign and have application notarized.
- ❖ Application must be accompanied by:
 - ❖ **Cashier's Check, Certified Check, Money Order**, in the sum of \$75.00, payable to Georgia Public Service Commission (GPSC).
 - ❖ If incorporated, attach a copy of the Articles of Incorporation and copy of Certificate of Incorporation from Secretary of State's office.
 - ❖ If a limited liability company, attach a copy of the Articles of Organization and copy of Certificate of Organization from Secretary of State's office.
 - ❖ The complete address and telephone number of each creditor must be listed on Page 6.
- ❖ Submit application, all attachments, and fees to Georgia Public Service Commission.
- ❖ Have your insurance company submit a Form E (Commercial Liability and Property Damage Insurance) the accord Certificate of Liability and Vehicle Declaration page to the Georgia Public Service Commission. A new Form H (proof of cargo insurance) will also be required for applicants transferring Household Goods Certificates. Forms may be mailed or faxed (404-463-4359).

Contact Georgia Public Service Commission, Transportation Unit, if you have any questions.

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**APPLICATION FOR TRANSFER OR LEASE OF PERMANENT MOTOR CARRIER CERTIFICATE(S)
AS HEREINAFTER SET FORTH, IN INTRASTATE COMMERCE.**

(Application should be typed or printed legibly)

**APPLICATION IS HEREBY MADE TO THE GEORGIA PUBLIC SERVICE COMMISSION FOR
~ Transfer or ~ Lease, of Class _____ Certificate(s) Number(s)**

FROM:

LEGAL NAME

(If Doing Business As Carrier listed below)

CARRIER NAME

(As it will appear on insurance filings)

BUSINESS ADDRESS

(Physical Address)

(Street Address)

(City)

(State)

(Zip)

(County)

CONTACT INFORMATION

(Business Telephone No.)

(Cell Telephone No.)

(Business Fax No.)

(Email Address)

TO:

LEGAL NAME

(If Doing Business As Carrier listed below)

CARRIER NAME

(As it will appear on insurance filings)

BUSINESS ADDRESS

(Physical Address)

(Street Address)

(City)

(State)

(Zip)

(County)

CONTACT INFORMATION

(Business Telephone No.)

(Cell Telephone No.)

(Business Fax No.)

(Email Address)

SALES CONTRACT

Is Sales Contract written? ~ Yes ~ No

If written, attach copy of written contract of purchase, market Exhibit "A", which must contain a complete statement of all of the assets of the transferor to be sold and the price to be paid therefore.

If contract of purchase is oral, furnish the following information:

Value of Certificate(s) purchased \$

Value of Vehicle purchased \$

Value of other property purchased \$

Total purchase price \$

Describe below all vehicles and other property purchased herein:



SECTION TWO – SERVICE PROPOSED

Certificate authorizes the transportation of

(passengers and/or property)

as described in said certificate(s).

The city where base of operation will be established:

Describe the territory within which applicant proposes to operate. This may be done in terms of a base point and mileage radius (Example: 75 miles of Atlanta, Georgia):

Name and address of Attorney in Fact, or Agent for Service:

(Name/Title)

(Street Address)

(City)

(State)

(Zip)

(Business Telephone No.)

(Cell Telephone No.)

(Business Fax No.)

(Email Address)

SECTION THREE – FINANCIAL STATEMENT

Applicant represents that he/she is financially able to furnish the service proposed in this application and attaches hereto copies of the most recent balance sheet and income and expense statement. If applicant has no such financial statements, submit the following statement showing liabilities and value of property owned:

Assets	
Real Estate (Value)	\$
Personal Property (Value)	\$
Plant & Equipment (Value)	\$
Cash & Deposits	\$
Total	\$
Liabilities	
Capital Stock	\$
Equipment	\$
Judgments	\$
All Other Liabilities	\$
Total	\$
NET WORTH* (TOTAL ASSETS MINUS TOTAL LIABILITIES)	\$
* Minimum of \$50,000	

The following is an itemized statement of all creditors known to transferor and the amount due or claimed to be due:

CREDITORS	AMOUNT DUE OR CLAIMED DUE
Name	
Address	
Phone No.	\$
Name	
Address	
Phone No.	\$
Name	
Address	
Phone No.	\$
Name	
Address	
Phone No.	\$

If additional space is necessary, attach an additional sheet, market Exhibit "B", showing name and address, telephone number and amount due or claimed to be due of each know creditor.

SECTION FOUR

GEORGIA, _____ County.

TO BE COMPLETED BY TRANSFEROR OR LESSOR:

Personally before me came _____,
who being duly sworn, upon oath deposes and says that all rents, wages of employees, and all other
indebtedness incident to the operations of Class _____ Certificate(s) Number(s) _____
have been paid in full, except as set out in the itemized statement listed on Page #4 herein, or attached as
Exhibit "B".

Subscribed and sworn to before me,

(Signature of applicant or authorized person – USE BLUE INK)

this _____ day of _____,
20 _____,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal

~~My Commission Expires~~

TO BE COMPLETED BY TRANSFEREE OR LESSEE:

Personally before me came _____,
who being duly sworn, upon oath deposes and says he has read all statements contained in the foregoing
application for ~ transfer or ~ lease of Class _____ Certificate(s) Numbers(s) _____
including the guarantee to pay all legal obligations incurred in the operation of said certificate(s), and listed on
Page 6 herein or attached as Exhibit "B" and that the statements made therein are true to the best of my
knowledge and belief.

Subscribed and sworn to before me,

(Signature of applicant or authorized person – USE BLUE INK)

this _____ day of _____,
20 _____,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal

My Commission Expires: _____

Note: Both Transferor and Transferee must sign and have notarized

**AFFIDAVIT
IN SUPPORT OF CERTIFICATE**

(Carrier Name)

PERSON COMPLETING AFFIDAVIT

(Name)

(Street Address)

(City)

(State)

(Zip)

(Title)

(Responsibilities With the Company)

What Experience Do You Have in the Type Business You are Applying for Authority to Conduct?

Insurance Coverage (Mileage Radius Your Insurance Covers)

I further agree to abide by all GPSC rules and regulations if this authority is granted.

Subscribed and sworn to before me,

(Signature of applicant or authorized person – USE BLUE INK)

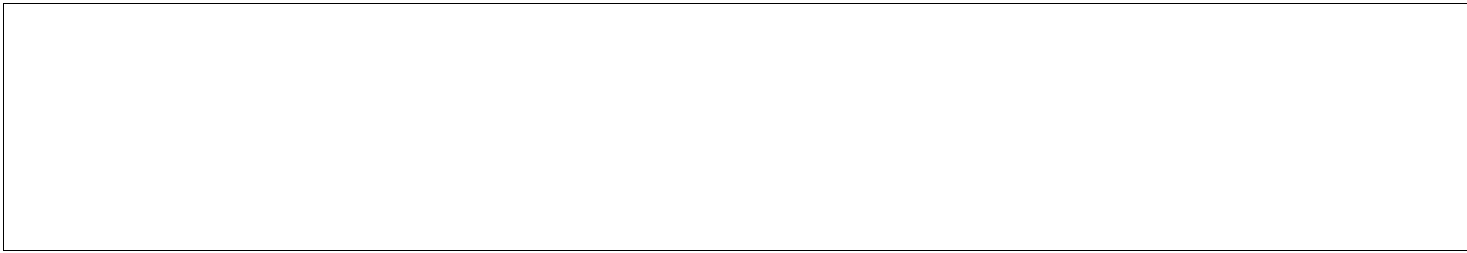
this day of _____,
20 ,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal

My Commission Expires:



**STATEMENT OF SAFETY AWARENESS
&
CERTIFYING IDENTIFICATION OF VEHICLES**
(If you are a Limousine Carrier, fill out page 10 instead of this page)

(Carrier Name)

I hereby certify knowledge of applicable state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

I certify that all vehicles to be operated under this authority granted by the Georgia Public Service Commission will be durably marked on both sides of the body or cab of the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of fifty (50) feet while the vehicle is not in motion, with the following information:

(Carrier Name)

[City and State of Principal Domicile (for vehicles with a GVWR under 10,000 lbs or vehicles with a GVWR over 43,000 lbs.)^{1 2}]

[(Assigned USDOT number (for vehicles with a GVWR over 10,000 lbs.))]

EXAMPLE:

	CARRIER NAME CONYERS, GA DOT#####	
--	--	--

Subscribed and sworn to before me,

(Signature of applicant or authorized person – USE BLUE INK)

this day of _____,
20 ,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal

My Commission Expires:

¹ The city and state of your principal place of business.

²GVWR means the Gross Vehicle Weight Rating. This rating is applied by the vehicle manufacturer to the vehicle chassis and

cannot be changed, except by the manufacturer.

**STATEMENT OF SAFETY AWARENESS
&
CERTIFYING IDENTIFICATION OF VEHICLES
(Limousine Carriers Only)**

(Carrier Name)

I hereby certify knowledge of applicable state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

I certify that all vehicles to be operated under this authority granted by the Georgia Public Service Commission have affixed to the center of the front bumper of each certified vehicle a standard size license plate bearing the minimum following information:

Carrier Name

City and State of Principal Domicile

Company Telephone Number

MCA Number (Will be assigned by the Georgia Public Service Commission)

EXAMPLE:

Subscribed and sworn to
before

me,

(Signature of applicant or authorized person – USE BLUE INK)

this day of
20 ,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal

My Commission Expires:

