



GEORGIA PUBLIC SERVICE COMMISSION  
TRANSPORTATION  
244 WASHINGTON STREET S.W.  
ATLANTA, GEORGIA 30334-5701  
(404) 656-4501 OR (800) 282-5813  
[WWW.PSC.STATE.GA.US](http://WWW.PSC.STATE.GA.US)

**INSTRUCTION SHEET: APPLICATION FOR CLASS "B" PASSENGER CERTIFICATE**

This certificate allows you to **transport passengers (for hire)** and **charge per capita (per person)**, between points within Georgia (intrastate).

*These are instructions for applying for an Interim Certificate or to amend an existing certificate. The Interim Certificate will be granted (if application is in order and no protests are received) on a twelve (12) month basis. A Permanent Certificate will be issued at the end of twelve (12) months based on actual performance.*

*It will take about six (6) to eight (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 AND OTHER STATE AGENCIES.***

Complete, sign and have application notarized.

Application must be accompanied by the appropriate fees:

**Cashier's Check, Certified Check, Money Order** payable to Georgia Public Service Commission (GPSC) in the applicable amount as shown below. Application fees are determined by the number of vehicles owned or permanently leased **AT THE TIME APPLICATION IS MADE:**

**Less than six (6) vehicles - \$ 90.00**

**Six (6) to Fifteen (15) vehicles - \$165.00**

**Over Fifteen (15) vehicles - \$215.00**

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.

**All owners, partners and officers** must complete the Consent for Background Investigation form **AND** obtain and submit background reports to the GPSC. **These reports can be purchased from your local sheriff or police department.**

File a **Passenger Tariff** showing all proposed fares, charges, and routes (**by county, city or territory**). A Passenger Tariff form is included with this application. **YOU DO NOT HAVE TO SUBMIT WITH YOUR APPLICATION.**

Provide a copy of an **Annual Inspection Report** for each vehicle that will be operating under this certificate. The report can be no more than ninety (90) days old. **The mechanic shop will need to stamp the report with the name of the certifying operation and/or attach a business card. YOU DO NOT HAVE TO SUBMIT THE INSPECTION REPORT WITH YOUR APPLICATION.**

Attend a training class on the laws of Georgia and the rules and regulations of the Commission. **UPON RECEIPT OF YOUR APPLICATION, YOU WILL RECEIVE INFORMATION ABOUT THE DATE, TIME AND PLACE OF TRAINING.**

If you are operating wholly within the state of Georgia (not crossing state lines) with vehicles in excess of 10,000 GVWR you must complete the Application for Motor Carrier Identification Number for a Georgia DOT Number from the Georgia Department of Revenue, Motor Vehicle Division (404-968-3800 or 404-362-6484, opt #5 or, <http://www.dor.ga.gov> then select MCS 150 Application for Motor Carrier Identification Number).

**Unless you are registered to cross state lines,** you must register your vehicles with the Department of Revenue, Motor Vehicle Division (404-968-3800 or 404-362-6484, option #5 or

If the vehicle passenger capacity is 16 or more including the driver, drivers will have to obtain a

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commercial driver's license with passenger endorsement from the Department of Driver Services(678-413-8400) <http://www.dds.ga.gov/Commercial/index.aspx>.

Have your insurance company submit a Form E (Commercial Liability and Property Damage Insurance) the Acord Certificate of Liability and Vehicle Declaration page filing to the GPSC. **Forms may be mailed or faxed to 404-463-4359.**

### **INSURANCE REQUIREMENTS**

#### **YOU MUST OBTAIN COMMERCIAL LIABILITY/PROPERTY DAMAGE INSURANCE FOR YOUR VEHICLES AT THE PRESCRIBED MINIMUM LIMITS LISTED BELOW**

| <b>VEHICLE SEATING CAPACITY</b>      | <b>Limit of bodily injuries to or death of all persons injured or killed in any one accident (subject to a maximum of \$100,000 for bodily injuries to or death of one person):</b> | <b>Limit for loss or damage in any one accident to property of others (excluding cargo):</b> |
|--------------------------------------|---|--|
| <b>12 PASSENGER CAPACITY OR LESS</b> | <b>\$300,000</b>  | <b>\$50,000</b>  |
| <b>OVER 12 PASSENGER CAPACITY</b>    | <b>\$500,000</b>  | <b>\$50,000</b>  |

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

**!PLEASE READ AND BE ADVISED!**

**PROHIBITION AGAINST CONSUMPTION OF ALCOHOLIC BEVERAGES BY PERSONS UNDER THE AGE OF 21**

The Georgia Public Service Commission wishes to provide all carriers with the following important information. It is illegal for persons under the age of 21 to consume alcohol while being transported by a carrier.

**Pursuant to O.C.G.A. § 3-3-23**, it is illegal to furnish alcoholic beverages to persons under the age of 21. Passenger carriers are required to comply with the following statutes:

**O.C.G.A. § 3-3-23(a)**: Except as otherwise authorized by law:

(1) No person knowingly, directly or through another person, shall furnish, cause to be furnished, or permit any person in such person's employ to furnish any alcoholic beverage to any person under 21 years of age...;

...

(h) In any case where a reasonable or prudent person could reasonably be in doubt as to whether or not the person to whom an alcoholic beverage is to be sold or otherwise furnished is actually 21 years of age or older, it shall be the duty of the person selling or otherwise furnishing such alcoholic beverage to request to see and to be furnished with proper identification as provided for in subsection (d) of this Code section in order to verify the age of such person.

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**APPLICATION FOR CLASS "B" INTERIM CERTIFICATE TO OPERATE AS A  
Passenger Carrier Charging Per Person** within the State of Georgia  
in the Transportation of Passengers and Their Baggage  
as Hereinafter Set Forth, in Intrastate Commerce.  
*(Application should be typed or printed legibly)*

**APPLICANT INFORMATION**

**APPLICANT'S LEGAL NAME**

(If Doing Business As Carrier listed below)

**CARRIER NAME**

(As it will appear on insurance filings)

[Example: Safe Bus Services, Inc. *or* Safety 1<sup>st</sup> Bus Services, LLC *or* Reliable Bus Services (Johnny Onthespot, dba)]

**BUSINESS ADDRESS**

(Physical Address)

(Street Address)

(City)

(State)

(Zip)

(County)

**MAILING ADDRESS**

(If different than above)

(Street Address)

(City)

(State)

(Zip)

(County)

**CONTACT INFORMATION**

(Business Telephone No.)

(Cell Telephone No.)

(Business Fax No.)

(Email Address)

**APPLICANT REPRESENTATIVE'S INFORMATION**

(To whom inquiries may be made. If you are representing yourself, place your name and address here *IF DIFFERENT*)

**MAILING ADDRESS**

(Street Address)

(City)

(State)

(Zip)

(County)

**CONTACT INFORMATION**

(Business Telephone No.)

(Cell Telephone No.)

(Business Fax No.)

(Email Address)

*Application is hereby made on the basis of statements hereinafter set forth for a Certificate to operate as motor carrier for hire transporting passengers and their baggage intrastate in Georgia.*

**SECTION ONE – ORGANIZATION**

Application is for: Individual Partnership Corporation Limited Liability Actual State of  
Incorporation: \_\_\_\_\_

*If a corporation, complete information below and attach a copy of certificate and articles of incorporation or organization, from the Secretary of State or other agency in state where incorporated which shows approval of corporate name, Directors and Stockholders.*

|                |  |         |  |
|----------------|--|---------|--|
| President      |  | Address |  |
| Vice President |  | Address |  |
| Treasurer      |  | Address |  |
| Secretary      |  | Address |  |

If applicant is a partnership, or association, designate a partner or an officer who will serve as the main contact person for all matters related to transportation of passengers: \_\_\_\_\_

If applicant is a non-resident of Georgia, give following information of a process agent or Attorney in Fact in this State upon whom process may be served in any suit instituted against applicant:

(Name/Title)

(Street Address)

(City)

(State)

(Zip)

(Business Telephone No.)

(Cell Telephone No.)

(Business Fax No.)

(Email Address)

Does applicant understand that he will be required to maintain commercial liability and property damage in the amounts prescribed by the GPSC? Yes No

Give number of vehicles owned or permanently leased based in Georgia or elsewhere by applicant on date of this application and list passenger capacity of each separately, if different:

| Type                             | Total Number | Passenger Capacity of Each |
|----------------------------------|--------------|----------------------------|
| Sport Utility Vehicle (Extended) |              |                            |
| Van                              |              |                            |
| Bus                              |              |                            |
| Mini-bus:                        |              |                            |
| Other:                           |              |                            |
| Other:                           |              |                            |

***Notify the GPSC Transportation Unit whenever you add additional vehicles to your fleet.***

Give address in Georgia where copies of invoices, business records, etc. will be maintained:

(Street Address)

(City)

(State)

(Zip)

Is the above address your residence?

Yes

No

## SECTION TWO – SERVICE PROPOSED

Does applicant propose to render regular and continuous service and undertake to carry and hold himself/herself out as ready and willing to transport passengers for hire, which he/she is permitted to carry? Yes No

Does applicant intend to adopt his/her own rates and file a Passenger Tariff? Yes No

Does applicant intend to adopt the rates of another carrier? Yes No

If “Yes”, give name of carrier:

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):

## 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, income and expense statement. If applicant has no such financial statements, personal assets may be used, but please provide documentation (e.g. real estate bill, mortgage statements vehicle titles and bank statements showing liabilities and value of

### Assets

|                           |    |
|---------------------------|----|
| Real Estate (Value)       | \$ |
| Personal Property (Value) | \$ |
| Plant & Equipment (Value) | \$ |
| Cash & Deposits           | \$ |
| <b>Total</b>              | \$ |

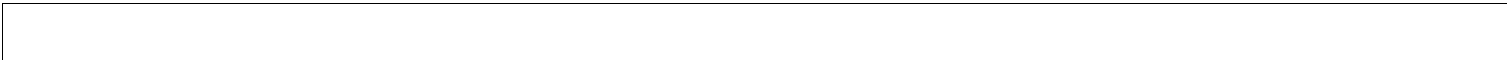
### Liabilities

|                       |    |
|-----------------------|----|
| Capital Stock         | \$ |
| Equipment             | \$ |
| Judgments             | \$ |
| All Other Liabilities | \$ |
| <b>TOTAL</b>          | \$ |

**NET WORTH\***  
**(TOTAL ASSETS MINUS TOTAL LIABILITIES)** \$

**\* Minimum of \$50,000 IS REQUIRED FOR APPROVAL-PERSONAL ASSETS MAY BE USED**

**COMMENTS:**



**SECTION FOUR – HISTORY**

Is applicant familiar with the rules and regulations of the GPSC governing the operation of Motor vehicles for hire, including the GPSC’s vehicle and hazardous materials safety rules and regulations? Yes No

If the answer is “No”, does applicant agree to obtain copy of these rules, familiarize himself/herself with same, and operate to the best of his/her ability in accordance therewith? Yes No

Has applicant, prior to this application, been declared bankrupt in Federal Bankruptcy Court? Yes No

If “Yes”, give a brief description below of declaration and attach copies of court documents.

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Has applicant, prior to this application, paid any fines or been convicted of any offense(s) relating to the operation of motor vehicles or trucks in Georgia? Yes No

If “Yes”, give a brief statement below describing the incident(s).

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Subscribed and sworn to before me,

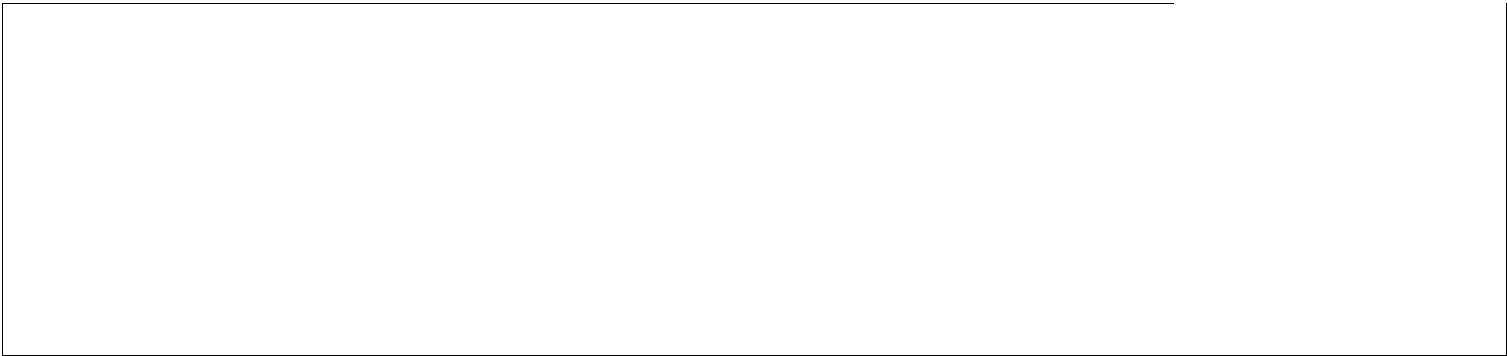
(Signature of applicant or authorized person – USE BLUE INK)

this      day of \_\_\_\_\_,  
20      ,

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal  
My Commission Expires: \_\_\_\_\_



**AFFIDAVIT  
IN SUPPORT OF INTERIM 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 understand this application is for an interim certificate and that my permanent certificate will not be issued for twelve (12) months. Your performance during this interim period will be the basis for the issuance of the permanent certificate. 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**

(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 been painted or stenciled in a permanent manner, except that vehicle(s) being operated under lease of less than thirty (30) days duration are permitted to be identified with removable placards, with the following information on both sides of the cab or body as required by the GPSC's Transportation Rules:*

(Carrier Name)

(City and State of Principal Domicile)

(Company Telephone Number)

DOT Number (if applicable)

**EXAMPLE:**

|   |
|---|
| <b>CARRIER NAME<br/>CONYERS, GA<br/>(678) 413-8575<br/>DOT NUMBER (If applicable)</b> |
|---|

Subscribed and sworn to before me,

this      day of      ,  
20      ,

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

(Title)

(Telephone Number)

*Notary Signature (USE BLUE INK) and Seal  
My Commission Expires:*





**APPLICANTS APPLYING FOR INTRASTATE  
AUTHORITY Georgia Public Service  
Commission**

244 Washington Street S.W.  
Atlanta, Georgia 30334-5701  
(404) 656-4501 or (800) 282-5813

[WWW.PSC.STATE.GA.US](http://WWW.PSC.STATE.GA.US)

**CONSENT FOR BACKGROUND INVESTIGATION**

**Instructions:**

*Complete, sign and have this form notarized  
Present this form to local police or sheriff department and request a background check report  
Once you receive the results from background check, attach the report to this form and mail to the  
attention of the Transportation Unit at the above address*

|   |   |   |                        |
|---|---|---|------------------------|
| <b>OFFICE USE ONLY<br/>FILE NUMBER:</b>   | <b>OFFICE USE ONLY<br/>DATE APPLICATION RECEIVED:</b> | <b>OFFICE USE ONLY<br/>BACKGROUND</b>                       | <b>OFFICE USE ONLY</b> |
| <b>OFFICE USE ONLY<br/>PERMIT NUMBER:</b> |   | <input type="checkbox"/> <b>CRIMINAL HIST</b><br><b>P F</b> |                        |

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Male \_\_\_\_\_  
 Female \_\_\_\_\_  
 Driver's License Number (Include ALL Issue date (Exam date) zeros) \_\_\_\_\_ State \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Current Street Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Do you hold any other driver's license(s)? Yes No If so, list state(s) and license number(s) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Ethnic Background (Check One):  
 1. Native American 2. White, not of Hispanic origin 3. Hispanic 4. Black, not of Hispanic origin  
 5. Asian/Pacific Islander 6. Multi-racial 7. Other \_\_\_\_\_

Georgia Code 46-7-85.4b requires each owner, partner, and officers of corporations to provide the following information. False information will disqualify your application from being approved.

I hereby apply for a certificate or permit to operate a motor carrier company to be issued by the Georgia Public Service Commission (GPSC). I understand that my criminal and driver's history will be checked, and hereby consent for the GPSC to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent form may result in certificate denial, cancellation, suspension, or revocation as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith are complete, true and correct.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle? Yes No

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:

**VEHICLE HISTORY RECORD**

REPORT NUMBER FLEET UNIT NUMBER

DATE -----

|  |   |
|--|---|
| Company Name   | INSPECTOR'S NAME (PRINT OR TYPE)  |
| Address  | THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19.<br>YES |
| CITY, STATE, ZIP CODE  | VEHICLE IDENTIFICATION # AND COMPLETE LIC. PLATE NO. VIN OTHER                |
| VEHICLE TYPE LIMOUSINE SUV BUS VAN<br>SEATING CAPACITY BEHIND DRIVER | INSPECTION AGENCY/LOCATION (OPTIONAL)   |

| VEHICLE |              |               |  |    |              |               |  |    |              |               |  |
|---------|--------------|---------------|--|----|--------------|---------------|--|----|--------------|---------------|--|
| OK      | NEEDS REPAIR | REPAIRED DATE | ITEM   | OK | NEEDS REPAIR | REPAIRED DATE | ITEM   | OK | NEEDS REPAIR | REPAIRED DATE | ITEM   |
|         |              |               | <b>1. BRAKE SYSTEM</b>   |    |              |               | <b>4. FUEL SYSTEM</b>  |    |              |               | <b>9. FRAME</b>  |
|         |              |               | a. Service Brakes  |    |              |               | a. Visible leak  |    |              |               | a. Frame Members   |
|         |              |               | b. Parking Brake System  |    |              |               | b. Fuel tank filler cap missing  |    |              |               | b. Tire and Wheel Clearance  |
|         |              |               | c. Brake Drums or Rotors   |    |              |               | c. Fuel tank securely attached   |    |              |               | c. Adjustable Axle Assemblies (Sliding Subframes)  |
|         |              |               | d. Brake Hose  |    |              |               |  |    |              |               |  |
|         |              |               | e. Brake Tubing  |    |              |               | <b>5. LIGHTING DEVICES</b>   |    |              |               | <b>10. TIRES</b>   |
|         |              |               | f. Low Pressure Warning Device   |    |              |               | All lighting devices and   |    |              |               | a. Tires on any steering axle of a power unit.   |
|         |              |               | g. Tractor Protection Valve  |    |              |               | reflectors required by Section   |    |              |               | b. All other tires.  |
|         |              |               | h. Air Compressor  |    |              |               | 393 shall be operable.   |    |              |               |  |
|         |              |               | i. Electric Brakes   |    |              |               | <b>6. SAFE LOADING</b>   |    |              |               | <b>11. WHEELS AND RIMS</b>   |
|         |              |               | j. Hydraulic Brakes  |    |              |               | a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.                               |    |              |               | a. Lock or Side Ring   |
|         |              |               | k. Vacuum Systems  |    |              |               | b. Protection against shifting cargo   |    |              |               | b. Wheels and Rims   |
|         |              |               | <b>2. COUPLING DEVICES</b>   |    |              |               |  |    |              |               | c. Fasteners   |
|         |              |               | a. Fifth Wheels  |    |              |               |  |    |              |               | d. Welds   |
|         |              |               | b. Pintle Hooks  |    |              |               |  |    |              |               | <b>12. WINDSHIELD GLAZING</b>  |
|         |              |               | c. Drawbar/Towbar Eye  |    |              |               |  |    |              |               | Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions) |
|         |              |               | d. Drawbar/Towbar Tonque   |    |              |               |  |    |              |               |  |
|         |              |               | e. Safety Devices  |    |              |               | <b>7. STEERING MECHANISM</b>   |    |              |               | <b>13. WINDSHIELD WIPERS</b>   |
|         |              |               | f. Saddle-Mounts   |    |              |               | a. Steering Wheel Free Play  |    |              |               | Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective                                     |
|         |              |               | <b>3. EXHAUST SYSTEM</b>   |    |              |               | b. Steering Column   |    |              |               |  |
|         |              |               | a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment  |    |              |               | c. Front Axle Beam and All Steering Components Other Than Steering Column  |    |              |               |  |
|         |              |               | b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).  |    |              |               | d. Steering Gear Box   |    |              |               |  |
|         |              |               | c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle. |    |              |               | e. Pitman Arm  |    |              |               |  |
|         |              |               |  |    |              |               | f. Power Steering  |    |              |               |  |
|         |              |               |  |    |              |               | g. Ball and Socket Joints  |    |              |               |  |
|         |              |               |  |    |              |               | h. Tie Rods and Drag Links   |    |              |               |  |
|         |              |               |  |    |              |               | i. Nuts  |    |              |               |  |
|         |              |               |  |    |              |               | j. Steering System   |    |              |               | <b>14. INTERIOR (UPHOLSTERY/APPERANCE)</b>   |
|         |              |               |  |    |              |               |  |    |              |               |  |
|         |              |               |  |    |              |               | <b>8. SUSPENSION</b>   |    |              |               | <b>15. SEAT BELTS (DRIVER AND PASSENGERS)</b>  |
|         |              |               |  |    |              |               | a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position. |    |              |               | List any other condition which may prevent safe operation of this vehicle.   |
|         |              |               |  |    |              |               | b. Spring Assembly   |    |              |               |  |
|         |              |               |  |    |              |               | c. Torque, Radius or Tracking Components.  |    |              |               |  |

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: x OK, x NEEDS REPAIR, n a IF ITEMS DO NOT APPLY, REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.**

GPSC MP/PC NO. 1

TARIFF  
OF

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

CLASS "B" PASSENGER CERTIFICATE  
PASSENGER TARIFF  
NAMING RATES FOR THE TRANSPORTATION OF  
PASSENGERS AND THEIR BAGGAGE

NOTE: This tariff is applicable only on intrastate traffic, i.e. traffic having origin, destination and entire transportation within the State of Georgia as authorized under the Georgia Public Service Commission Class "B" Certificates as shown herein.

ISSUED:

EFFECTIVE:

ISSUED BY:

NAME OF COMPANY  
ADDRESS  
CITY, STATE ZIP



GPSC MP/PC NO. 1

COMPANY NAME

Section 1  
RULES AND REGULATIONS

ITEM 10

GOVERNING PUBLICATIONS

This tariff is governed by the following publications:

1. Rules and Regulations adopted on July 17, 2006 Georgia Public Service Commission, and reissue thereof.

ITEM 20

SCOPE OF OPERATIONS  
CLASS "B" CERTIFICATE

Passengers and their baggage, between all points within the highway mileage radius of seventy five (75) miles of (Atlanta), Georgia, over no fixed route.

ITEM 30

APPLICATION OF FARES

Fares shown herein are adult fares. They are shown in dollars and cents and are payable in lawful United States currency.

ITEM 40

CHILDREN'S FARES

Children under six (6) years of age must be accompanied by an adult passenger. Children under six (6) years of age when not occupying seats to the exclusion of other passengers will be carried free of charge.

ITEM 50

RESERVATIONS

1. Reservations of specific seats can be made, but are not mandatory.
2. Carrier reserves unto itself full control and discretion as to seating of passengers and reserves the right to change such seating at any time during the trip.



GPSC MP/PC NO. 1

COMPANY NAME

Section 1  
RULES AND REGULATIONS

ITEM 60

OBJECTIONABLE PERSONS

Carrier reserves the right to refuse to transport a person or persons under the influence of intoxicating beverages or drugs, or who is incapable of taking care of himself or herself, or whose conduct is such, or likely to be such, to make him or her objectionable to other passengers.

This rule allows for special consideration to persons who are ill and/or are accompanied by an attendant or nurse.

ITEM 70

BAGGAGE

1. Except as otherwise provided in Paragraph (b) of this rule, baggage will be checked, transported and stored in accordance with Rule 5-3-2.4 of the GPSC Transportation Rules.
2. Carrier shall not be liable for any loss or damage to a passenger's baggage unless proximately caused by its own negligence. In the event of such loss or damage, carrier's liability shall be limited to the actual fair market value of the baggage at the time and place of loss, and its liability to one passenger in such an event shall never exceed Two Hundred Fifty Dollars (\$250.00), regardless of the number of pieces of baggage carried by the passenger.

ITEM 80

CLAIMS

1. Carrier will not be liable for a delay caused by accidents, breakdowns, conditions of the road, or other conditions beyond its control and does not guarantee to arrive at or depart from any point at a specific time. Information furnished as to the time of arrival at or departure from any point is based on reasonable estimates, is not guaranteed, and is subject to change.
2. All claims for damages of whatever character must be filed in writing as prescribed by law at the offices of carrier and must be processed to completion within ninety (90) days after filed in writing with carrier.



GPSC MP/PC NO. 1

COMPANY NAME

Section 2  
RATES AND CHARGES

ITEM 110

COST PER PASSENGER

ONE-WAY – ADULT PASSENGER FARE -

FROM \_\_\_\_\_ TO \_\_\_\_\_ ..... \$00.00 each

FROM \_\_\_\_\_ TO \_\_\_\_\_ ..... \$00.00 each

ROUND-TRIP – ADULT PASSENGER FARE -

FROM \_\_\_\_\_ TO \_\_\_\_\_ ..... \$00.00 each

FROM \_\_\_\_\_ TO \_\_\_\_\_ ..... \$00.00 each

ONE-WAY – CHILD PASSENGER FARE - BETWEEN:

Child - Six (6) years or older .....  
..... \$00.00 each

Child - Under six (6) years .....  
..... No charge when accompanied by Adult

ROUND-TRIP - CHILD FARE .....  
..... \$00.00 each

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OTHER RATES

\$ 00.00 all trips of thirty miles or less

\$ 0.00 per mile for all miles operated from passenger's point of origin to passenger's destination in excess of \_\_\_\_\_ miles in addition to rate listed above.

