



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

INSTRUCTION SHEET: APPLICATION FOR MOTOR CARRIER OF PASSENGER PERMIT

This permit allows you to **transport passengers** and **charge per vehicle, flat rate, or hourly (charter service)**, **BY MEANS OTHER THAN:**

- Limousines
- Extended Limousines
- Sedans
- Extended Sedans
- Sport Utility Vehicles
- Extended Sport Utility Vehicles

(No minimum or maximum passenger capacity) **OR**

- **Other types of vehicles** with a capacity for transporting **NO MORE THAN 10 PASSENGERS**, between points within Georgia (intrastate).
- **THE VEHICLES LISTED ABOVE WOULD NOT FALL UNDER THIS TYPE OF PERMIT**

These are instructions for applying for a permit.

*It will take about nine (9) to twelve (12) weeks to process an application from the time GPSC receives it, until the time it is approved. **CARRIER CANNOT OPERATE UNTIL A PERMIT IS RECEIVED FROM GPSC AND OTHER STATE AGENCIES OR FEDERAL AGENCIES***

Complete, sign and have application notarized.

Application must be accompanied by:

Cashier's Check, Certified Check, or Money Order for the amount of **\$50.00**, payable to Georgia Public Service Commission (GPSC).

If incorporated, attach a copy of the Articles of **Incorporation** and copy of Certificate of **Incorporation** from the 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 the Secretary of State's office.

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

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.**

Submit application, all attachments, and fees to Georgia Public Service Commission-Transportation.

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, <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 vehicle with the Department of Revenue, Motor Vehicle Division (404-968-3800 or 404-362-6484, opt #5 or

If the vehicle passenger capacity is 16 or more including the driver, drivers will have to obtain a commercial driver's license with passenger endorsement from the Department of Driver Services (678-413-8400) or <http://www.dds.ga.gov/Commercial/index.aspx>.

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

INSURANCE REQUIREMENTS

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

VEHICLE SEATING CAPACITY	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):	Limit for loss or damage in any one accident to property of others (excluding cargo):
12 PASSENGER CAPACITY OR LESS	\$300,000	\$50,000
OVER 12 PASSENGER CAPACITY	\$500,000	\$50,000

Notify the Georgia Public Service Commission Transportation Staff in writing when adding vehicles to your fleet. Provide name of company, type of vehicle, vin number, passenger capacity and how you will be charging your customers. Also contact your insurance company and request submission of the Acord Certificate of Liability and vehicle declaration page to verify that the vehicle(s) has been added to your commercial liability and property damage insurance. These forms may be mailed or faxed (404-463-4359) to Georgia Public Service Commission-Transportation.

Notify the Georgia Public Service Commission Transportation Staff in writing for change of address or business telephone number.

Contact the Georgia Public Service Commission Transportation Staff for proper procedures on changing the name of your company

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 MOTOR CARRIER PASSENGER PERMIT TO OPERATE AS A

Passenger Carrier (Charter) 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 1st Bus Services, LLC or Reliable Bus Services (Johnny On the spot, 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 Permit 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, attach a copy of articles of incorporation or organization, and a copy of certificate of incorporation or organization from the Secretary of State or other agency in state where incorporated which shows approval of corporate name marked Exhibit "A". Also, attach a list of all directors and stockholders marked Exhibit "B".

NAMES AND ADDRESSES OF OFFICERS

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 insurance 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 in writing 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

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 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 IS REQUIRED FOR APPROVAL-*PERSONAL ASSETS MAY BE USED***

COMMENTS:

**AFFIDAVIT
IN SUPPORT OF PERMIT**

(CARRIER NAME)
PERSON COMPLETING AFFIDAVIT

(Name)

(Street Address)

(City)

(State)

(Zip)

(Title)

(Responsibilities With the Company)

What Experience Do You Have in the Type of 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**

(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)

(Business Telephone Number)

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

EXAMPLE:

CARRIER NAME CONYERS, GA BUSINESS TELEPHONE NUMBER DOT#####
--

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

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

Form with fields for Office Use Only (File Number, Date Application Received, Background, Criminal Hist, Permit Number), Personal Information (Last Name, First Name, Middle, Date of Birth, Sex), Driver's License (Number, Issue date, State, Social Security Number), Current Street Address (City and State, Zip Code), Other Licenses (Yes/No, State(s) and license number(s)), Company (Phone Number), Address (City and State, Zip Code), and Ethnic Background (Check One).

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

Monitors

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD

REPORT NUMBER FLEET UNIT NUMBER

DATE -----

COMPANY NAME OF MOTOR CARRIER	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION # AND COMPLETE LIC. PLATE NO. VIN OTHER
VEHICLE TYPE SUV BUS VAN SEATING CAPACITY BEHIND DRIVER	INSPECTION AGENCY/LOCATION (OPTIONAL)
TRACTOR TRAILER TRUCK (OTHER)	

VEHICLE											
REQUIREMENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				4. FUEL SYSTEM				9. FRAME
			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				5. LIGHTING DEVICES				10. TIRES
			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				6. SAFE LOADING				11. WHEELS AND RIMS
			j. Hydraulic Brakes				a. Part(s) of vehicle or condition of				a. Lock or Side Ring
			k. Vacuum Systems				loading such that the spare tire or				b. Wheels and Rims
							any part of the load or dunnage				c. Fasteners
							can fall onto the roadway.				d. Welds
			2. COUPLING DEVICES				b. Protection against shifting cargo				12. WINDSHIELD GLAZING
			a. Fifth Wheels								Requirements and exceptions
			b. Pintle Hooks								as stated pertaining to any
			c. Drawbar/Towbar Eye								crack, discoloration or vision
			d. Drawbar/Towbar Tongue								reducing matter (reference
			e. Safety Devices								393.60 for exceptions)
			f. Saddle-Mounts				7. STEERING MECHANISM				13. WINDSHIELD WIPERS
							a. Steering Wheel Free Play				Any power unit that has an
			3. EXHAUST SYSTEM				b. Steering Column				inoperative wiper, or missing
			a. Any exhaust system determined				c. Front Axle Beam and All Steering				or damaged parts that render
			to be leaking at a point forward of				Components Other Than				it ineffective
			or directly below the				Steering Column				
			driver/sleeper compartment				d. Steering Gear Box				
			b. A bus exhaust system leaking or				e. Pitman Arm				
			discharging to the atmosphere in				f. Power Steering				
			violation of standards (1), (2) or				g. Ball and Socket Joints				
			(3).				h. Tie Rods and Drag Links				
			c. No part of the exhaust system of				i. Nuts				14. INTERIOR
			any motor vehicle shall be so				j. Steering System				(UPHOLSTERY/APPERANC
			located as would be likely to								E)
			result in burning, charring, or								15. SEAT BELTS (DRIVER AND
			damaging the electrical wiring,								PASSENGERS)
			the fuel supply, or any								List any other condition which may
			combustible part of the motor								prevent safe operation of this
			vehicle.				8. SUSPENSION				vehicle.
							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.				
							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.