



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 CLASS "B" LIMOUSINE CARRIER CERTIFICATE

This certificate allows you to **transport passengers (for hire) and charge per vehicle, flat rate, or hourly (charter service), BY MEANS OF ONE OR MORE UNMETERED:**

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

(NO MAXIMUM OR MINIMUM VEHICLE CAPACITY)

OR

- **Other vehicles** with a capacity for transporting **no more than 10 passengers**, 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 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 CERTIFICATE IS RECEIVED FROM THE GEORGIA PUBLIC SERVICE COMMISSION AND OTHER STATE AGENCIES

Complete, sign and have application notarized

Application must be accompanied by:

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 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.**

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.**

AFTER receiving your Class "B" Limousine Carrier Certificate from the Georgia Public Service Commission, all drivers must obtain a Chauffeur Permit application from the Georgia Department of Driver Services, complete and submit it to the Georgia Department of Driver Services (678-413-8474 or, <http://www.dds.ga.gov>).

In addition to the chauffeur permit IF THE VEHICLE PASSENGER CAPACITY IS 16 OR MORE INCLUDING THE DRIVER, drivers will also 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>.

If you are operating wholly within the state of Georgia (not crossing state lines) with vehicles in excess of 10,000 GVWR you must obtain 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 complete and submit an application for an IE permit and cab cards to the Department of Revenue, Motor Vehicle Division (404-968-3800 or 404-362-6484, opt #5 or

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

Limousine carriers DO NOT have to obtain a business license from your local city or county business license office.

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

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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**244 WASHINGTON STREET S.W.
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**APPLICATION FOR CLASS "B" INTERIM CERTIFICATE TO OPERATE AS A
Limousine 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 Limousine Services, Inc. or Safety 1st Limousine Services, LLC or Reliable Limousine 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.

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
Limousine (Regular & Extended)		
Sedan (Regular & Extended)		
Sport Utility Vehicle (Regular & Extended)		
Van		
Bus		
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

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

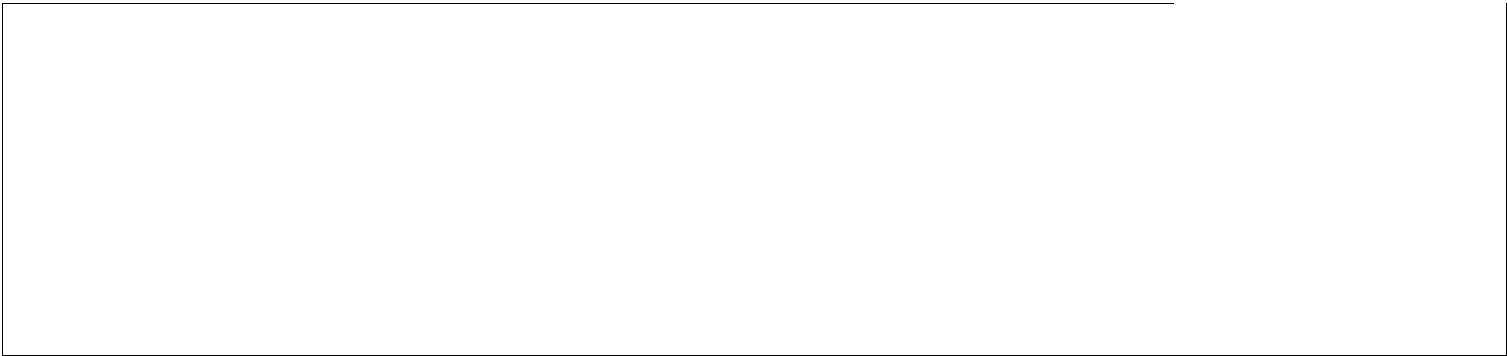
Capital Stock	\$
Equipment	\$
Judgments	\$
All Other Liabilities	\$
Total	\$

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 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?

I understand this application is for an interim certificate and that my permanent certificate wil not be issued for twelve (12) months. Your performance during this interim period wil be the basis for the issuance of the permanent certificate. I further agree to abide by al 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 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

CLASS IE-1

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

EXAMPLE:

Subscribed and sworn to
before

me,

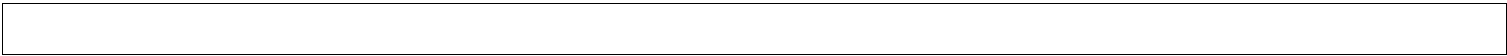
(Signature of applicant or authorized person – USE BLUE INK)

this day of
20 ,

(Title)

(Telephone Number)

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





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

OFFICE USE ONLY FILE NUMBER: DATE APPLICATION RECEIVED: OFFICE USE ONLY BACKGROUND CRIMINAL HIST P F OFFICE USE ONLY PERMIT NUMBER:

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)? If so, list state(s) and license number(s) Phone Number Yes No 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:

ANNUAL VEHICLE INSPECTION REPORT

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. YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION # AND COMPLETE LIC. PLATE NO. VIN OTHER
VEHICLE TYPE LIMOUSINE SUV BUS VAN OTHER SEATING CAPACITY BEHIND DRIVER	INSPECTION AGENCY/LOCATION (OPTIONAL)

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
			2. COUPLING DEVICES				can fall onto the roadway.				d. Welds
			a. Fifth Wheels				b. Protection against shifting cargo				12. WINDSHIELD GLAZING
			b. Pintle Hooks								Requirements and exceptions
			c. Drawbar/Towbar Eye				7. STEERING MECHANISM				as stated pertaining to any
			d. Drawbar/Towbar Tongue				a. Steering Wheel Free Play				crack, discoloration or vision
			e. Safety Devices				b. Steering Column				reducing matter (reference
			f. Saddle-Mounts				c. Front Axle Beam and All Steering				393.60 for exceptions)
							Components Other Than				13. WINDSHIELD WIPERS
			3. EXHAUST SYSTEM				Steering Column				Any power unit that has an
			a. Any exhaust system determined				d. Steering Gear Box				inoperative wiper, or missing
			to be leaking at a point forward of				e. Pitman Arm				or damaged parts that render
			or directly below the				f. Power Steering				it ineffective
			driver/sleeper compartment				g. Ball and Socket Joints				14. INTERIOR
			b. A bus exhaust system leaking or				h. Tie Rods and Drag Links				(UPHOLSTERY/APPERANC
			discharging to the atmosphere in				i. Nuts				E)
			violation of standards (1), (2) or				j. Steering System				15. SEAT BELTS (DRIVER AND
			(3).								PASSENGERS)
			c. No part of the exhaust system of								List any other condition which may
			any motor vehicle shall be so				8. SUSPENSION				prevent safe operation of this
			located as would be likely to				a. Any U-bolt(s), spring hanger(s),				vehicle.
			result in burning, charring, or				or other axle positioning part(s)				
			damaging the electrical wiring,				cracked, broken, loose or				
			the fuel supply, or any				missing resulting in shifting of an				
			combustible part of the motor				axle from its normal position.				
			vehicle.				h. 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

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