The Public Service Commission
State of South Carolina

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Chief Clerk/Executive Director
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Clerk's Office
Phone: (803) 896-5100
Fax: (803) 896-5199

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May 24, 2022

Notice of Forum to Receive Comments on Commission Transportation Applications Post-Senate Bill 1045, Ratification No. 242

In accordance with Commission Order No. 2022-357, the Public Service Commission has scheduled a Forum on **Friday, June 3, 2022 at 10:00 a.m.** to discuss revisions to Transportation Applications for Class A, C, and E Authority.

This Public Forum will allow interested persons to present comments concerning the proposed changes to the Applications, as outlined in Commission Order No. 2022-357.

Please notify the Commission of your participation in this Forum on or before **Wednesday, June 1, 2022. Please include your email address.**

A copy of Commission Order No. 2022-357 and the draft Transportation Applications are attached to this Notice.

Action Item 12

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
COMMISSION DIRECTIVE

ADMINISTRATIVE MATTER	☐	DATE	**May 19, 2022**
MOTOR CARRIER MATTER	☑	DOCKET NO.	**2009-167-T**
UTILITIES MATTER	☐	ORDER NO.	**2022-357**

THIS DIRECTIVE SHALL SERVE AS THE COMMISSION'S ORDER ON THIS ISSUE.

Order Directing Clerk to Schedule and Hold a Public Forum on the Proposed Changes to the Commission's Published Transportation Applications for Class A, C, and E Authority

SUBJECT:
Docket No. 2009-167-T - Revisions to the Commission's Transportation Applications - Staff Presents for Commission Consideration Revisions to the Commission's Class A, C, and E Form Applications.

COMMISSION ACTION:
In preparation for the potential enactment of Bill S.1045 which is awaiting signature and consideration by the Governor and that amends and repeals certain South Carolina statutes related to the licensure and regulation of transportation companies, Commission Staff worked to enhance all applications and bring them into compliance with these changes. Due to the likely imminent signing into law of this bill awaiting signature of the Governor within the next five days, I move that the Commission direct the Clerk to schedule and hold a Public Forum on the proposed changes to the Commission's published Transportation Applications for Class A, C, and E Authority. The purpose of this Public Forum is to receive comments from interested persons concerning the proposed changes proposed by Staff to the Applications submitted by transportation companies seeking a Class A, C and E Certificate of Authority to operate in South Carolina. I further move that Staff publish these proposed application changes along with this Directive in the docket.

PRESIDING: Belser

SESSION: Regular

TIME: 2:00 p.m.

	MOTION	YES	NO	OTHER	
BELSER	☐	☑	☐		Present in Hearing Room
CASTON	☐	☑	☐		Voting via WebEx
ERVIN	☐	☑	☐		Voting via WebEx
POWERS	☐	☑	☐		Voting via WebEx
THOMAS	☐	☑	☐		Voting via WebEx
C. WILLIAMS	☑	☑	☐		Voting via WebEx
J. WILLIAMS	☐	☐	☐	Absent	

RECORDED BY: J. Schmieding

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CLASS A/A RESTRICTED APPLICATION PROCESS

Step 1: **Complete and Submit the Application.**

Please ensure your name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate areas.
D. If Applicant is incorporated, please attach Articles of Incorporation.
E. Call the Public Service Commission at 803-896-5100 with any questions regarding the completion of the Transportation Cover Sheet and Application.
F. Mail completed Transportation Cover Sheet and Application to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210

PSC Website

and

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

ORS Website

G. Contact the Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the certification process.

Step 2: **Application is assigned a Docket Number.**

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web.
B. A confirmation letter from the Commission will explain attorney requirements.

Step 3: **Notice of Filing**

A. Applicant will receive cover letter and Notice of Filing document to be published in newspaper(s) of general coverage.
B. Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
C. Applicant **MUST** provide the Commission with the Original Publishers' Affidavits by the date specified in the cover letter.

Step 4: **Witness and/or Attorney Information**

A. Applicant or Attorney **MUST** advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.

Step 5: **Notice of Hearing**

A. A Notice of Hearing document including the date, time and place of the hearing will be mailed to all parties of record, if it is determined that a hearing is required.

Step 6: **Public Service Commission Action**

A. The Commission may discuss and approve or deny the application during a regularly scheduled Public Service Commission meeting.
B. Applicant will receive an Order approving or denying the application from the Commission.
C. If approved, Applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:---------- _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

Select Class: (Check one)

☐ **A**

☐ **A - RESTRICTED**

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. _____

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____

Street Address of Applicant

_____

Mailing Address of Applicant (if different from street address)

_____ _____

Phone Fax

_____

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

4. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

_____

_____

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

FINANCIAL STATEMENT

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED ROUTE AND MILEAGE

Operating between _____ and _____

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *

* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

DESCRIPTION OF EQUIPMENT

VEHICLE #	MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *

* Number of seats, including driver's seat, if passenger carrier, or tonnage if freight carrier.

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INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. **Please attach (or include) a copy of a quote from the insurance company.** ~~The insurance quote must list current insurance premiums as listed below.~~

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The insurance company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

1-7 Passengers*	**$ 25,000/50,000/25,000**
8-15 Passengers*	**$ 25,000/100,000/25,000**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and
3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ○ Yes ○ No ○ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
   ○ Yes ○ No

3. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ○ No
   If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ○ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ○ Yes ○ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This _____ day of _____, 20___

_____
Notary Public

Commission Expires _____

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Personal Identification Information

Name of Applicant: _____

Address: _____

_____

Federal Employer Identification Number: _____

********* Confidential *********

For Internal Use Only

Print Application

Class C CHARTER BUS APPLICATION PROCESS

Submitting an application for a Class C Charter Bus Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov **PSC Website**

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov **ORS Website**

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Charter Bus Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and pages 1 through 6 of the Class C Charter Bus Application. (Page 7 will be completed in Step 4).
B. Provide all signatures as required.
C. Application must be notarized in appropriate area.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
F. Mail or Fax the completed Transportation Cover Sheet, Class C Charter Bus Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
Fax: 803-896-5199

AND

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web.

Step 3: Public Service Commission Action

A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.

B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)

C. The applicant will receive an Order from the Commission approving or denying the application.

D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

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PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations (Applicant has 90 days from the date of the Order to file proof of insurance and obtain a satisfactory safety audit.)

A. Safety Audit - Applicant must contact the State Transport Police at 803-896-5500 to schedule a safety audit. Mail the completed Safety Certification (Page 7 of application) to both the PSC and ORS at the above addresses.

B. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E.**) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201
Fax: 803-737-0815

Step 5: Issuance of Certificate

A. Applicant will receive a Certificate upon completion of Step 4.
B. **Operation without the Certificate is prohibited.**

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: _____

CLASS C - CHARTER BUS

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant (if different from street address)

_____ _____
Phone Fax

_____
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and addresses of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

_____

_____

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DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY

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INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. **Please attach (or include) a copy of a quote from the insurance company.** ~~The insurance quote must list current insurance premiums as listed below.~~

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The insurance company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

16 or More Passengers*	**$25,000/300,000/25,000**	*Passengers = Number of seatbelts in the vehicle, including the driver's seatbealt

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and
3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ○ Yes ○ No ○ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
   ○ Yes ○ No

3. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ○ No
   If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?
   ○ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ○ Yes ○ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This_____day of_____, 20___

_____
Notary Public

Commission Expires _____

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

_____
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

◯ Yes ◯ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

◯ Yes ◯ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I,_____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This_____day of_____, 20____

_____
Applicant's Signature

_____
Notary Public

Commission Expires _____

Print Application

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Class C TAXI APPLICATION PROCESS

Submitting an application for a Class C Taxi Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Taxi Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure your name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Class C Taxi Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate area.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
F. Mail or Fax the completed Transportation Cover Sheet, Class C Taxi Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
Fax: 803-896-5199

AND

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. Link to DMS

Step 3: Public Service Commission Action

A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.

B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)

C. The applicant will receive an Order from the Commission approving or denying the application.

D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

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PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. License Decal Sticker - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201

ORS Forms

B. Vehicle/Records Inspection
1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.

C. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E.**) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201
Fax: 803-737-0815

Step 5: Issuance of Certificate

A. Applicant will receive a Certificate upon completion of Step 4.
B. **Operation without the Certificate is prohibited.**

STATE OF SOUTH CAROLINA)

(Caption of Case))

Example: Application for a Class C Charter Certificate from)
John Doe dba Doe's Limo)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:---------- _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

_____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

CLASS C - TAXI

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant (if different from street address)

_____ _____
Phone Fax

_____
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

4. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and addresses of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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~~PROPOSED RATES AND CHARGES FOR SERVICE~~

~~Proposed Rates and Charges:~~

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.** Please attach (or include) a copy of a quote from the insurance company.

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The Insurance Company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

1-7 Passengers*	**$25,000/50,000/25,000**
8-15 Passengers*	**$25,000/100,000/25,000**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ○ No

   If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ○ Yes ○ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ○ Yes ○ No

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Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

   ○ Yes ○ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

   ○ Yes ○ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

   ○ Yes ○ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

   ○ Yes ○ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ○ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This _____ day of _____, 20___

_____
Notary Public

Commission Expires _____

Print Application

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Class C CHARTER APPLICATION PROCESS

Submitting an application for a Class C Charter Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov **PSC Website**

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov **ORS Website**

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Charter Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure your name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Class C Charter Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate area.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
F. Mail or Fax the completed Transportation Cover Sheet, Class C Charter Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
Fax: 803-896-5199

AND

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. **Link to DMS**

Step 3: Public Service Commission Action

A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.

B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)

C. The applicant will receive an Order from the Commission approving or denying the application.

D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

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PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. License Decal Sticker - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201

ORS Forms

B. Vehicle/Records Inspection
1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.

C. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E.**) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201
Fax: 803-737-0815

Step 5: Issuance of Certificate

A. Applicant will receive a Certificate upon completion of Step 4.
B. **Operation without the Certificate is prohibited.**

STATE OF SOUTH CAROLINA)

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:_____ -_____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

CLASS C - CHARTER

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant (if different from street address)

_____ _____
Phone Fax

_____
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and addresses of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

_____

_____

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	
☐	☐	☐	☐	☐
☐	☐	☐	☐	
☐	☐	☐	☐	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.** Please attach (or include) a copy of a quote from the insurance company.

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The Insurance Company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

1-7 Passengers*	**$25,000/50,000/25,000**
8-15 Passengers*	**$25,000/100,000/25,000**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and
3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ○ No

   If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ○ Yes ○ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ○ Yes ○ No

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Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

   ○ Yes ○ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

   ○ Yes ○ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

   ○ Yes ○ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

   ○ Yes ○ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ○ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF_____)

SWORN TO BEFORE ME
This_____day of_____, 20 ___

_____
Notary Public

Commission Expires _____

Print Application

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Class C NON-EMERGENCY APPLICATION PROCESS

Submitting an application for a Class C Non-Emergency Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov **PSC Website**

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov **ORS Website**

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Non-Emergency Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Class C Non-Emergency Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate area.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
F. Mail or Fax the completed Transportation Cover Sheet, Class C Non-Emergency Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
Fax: 803-896-5199

AND

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. **Link to DMS**

Step 3: Public Service Commission Action

A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.

B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)

C. The applicant will receive an Order from the Commission approving or denying the application.

D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

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PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. License Decal Sticker - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201

ORS Forms

B. Vehicle/Records Inspection
1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.

C. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E.**) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201
Fax: 803-737-0815

Step 5: Issuance of Certificate

A. Applicant will receive a Certificate upon completion of Step 4.
B. **Operation without the Certificate is prohibited.**

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:_____ -_____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY Date: _____

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant (if different from street address)

_____ _____
Phone Fax

_____
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and address of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

_____

_____

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL-CHAIR LIFT

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INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.** Please attach (or include) a copy of a quote from the insurance company.

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The Insurance Company quote must show the following:

- Liability Insurance Premium
- Term of Coverage

Minimum Liability Insurance Coverage Limits - Bodily injury and property damage limits will not be less than the following:

Liability Combined Each Occurrence	$ 1,000,000
Medical Payments per Person	$ 1,000

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name

1. Is there currently any outstanding judgments against the Applicant?
   ○ Yes ○ No
   If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ○ Yes ○ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ○ Yes ○ No

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Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

   ○ Yes ○ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

   ○ Yes ○ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

   ○ Yes ○ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

   ○ Yes ○ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

   ○ Yes ○ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

   ○ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF_____)

SWORN TO BEFORE ME
This_____day of_____, 20 ___

_____
Notary Public

Commission Expires _____

Print Application

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Class C STRETCHER VAN APPLICATION PROCESS

Submitting an application for a Class C Stretcher Van Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov **PSC Website**

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov **ORS Website**

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Stretcher Van Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Class C Stretcher Van Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate area.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
F. Mail or Fax the completed Transportation Cover Sheet, Class C Stretcher Van Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29211
Fax: 803-896-5199

AND

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. **Link to DMS**

Step 3: Public Service Commission Action

A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.

B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)

C. The applicant will receive an Order from the Commission approving or denying the application.

D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

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PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. License Decal Sticker - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201

ORS Forms

B. Vehicle/Records Inspection
1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.

C. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E.**) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 901
Columbia, SC 29201
Fax: 803-737-0815

Step 5: Issuance of Certificate

A. Applicant will receive a Certificate upon completion of Step 4.
B. **Operation without the Certificate is prohibited.**

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:---------- _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

_____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN **Date:** _____

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant (if different from street address)

_____ _____
Phone **Fax**

_____
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

4. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and address of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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~~PROPOSED RATES AND CHARGES FOR SERVICE~~

~~Proposed Rates and Charges:~~

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL-CHAIR LIFT

INSURANCE QUOTE

This form **MUST BE COMPLETED.**
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.** Please attach (or include) a copy of a quote from the insurance company.

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The Insurance Company quote must show the following:

- Liability Insurance Premium
- Term of Coverage

Minimum Liability Insurance Coverage Limits Bodily injury and property damage limits will not be less than the following:

Liability Combined Each Occurance	$ 1,000,000
Medical Payments per Person	$ 1,000

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ○ Yes ○ No ○ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
   ○ Yes ○ No

3. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ○ No
   If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   ○ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ○ Yes ○ No

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Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

   ○ Yes ○ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

   ○ Yes ○ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

   ○ Yes ○ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

   ○ Yes ○ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

   ○ Yes ○ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

   ○ Yes ○ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

   ○ Yes ○ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

   ○ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This _____ day of _____, 20___

_____
Notary Public

Commission Expires _____

Print Application

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HOUSEHOLD GOODS/HAZARDOUS MATERIAL APPLICATION PROCESS

Submitting an application for a Class E Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov
Contact the Clerk's Office at 803-896-5100 with questions regarding the completion of the Transportation Cover Sheet or Application.

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov
Contact the Transportation Department at 803-737-0800 with questions regarding the certification process.

ORS Website

Step 1: **Complete and Submit the Application.**

Please ensure your name/name of business is consistent throughout the Application

A. Complete all sections of the Transportation Cover Sheet and Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate areas.
D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the SC Secretary of State and a copy of the Articles of Incorporation.
E. Mail or FAX completed Transportation Cover Sheet, Application, and attachments to:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
Fax: 803-896-5199

and

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201
Fax: 803-737-0815

Step 2: **Application is assigned a Docket Number**

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/web. Link to DMS
B. A confirmation letter from the Commission will explain attorney requirements.

Step 3: Application is published on the PSC's website for 15 days.

A. If no objection is filed, the Commission may meet to determine if the Applicant is fit, willing, and able to perform the proposed service, upon a showing based upon criteria established by the Commission.
B. If the Commission issues a Directive approving the Application, the Office of Regulatory Staff may then issue the Certificate.
C. The Directive of the Commission shall serve as the Commission's Order 30 days after issuance.
D. If an Objection to the Application is filed, the process is outlined at the end of this Document.

Step 4: **Attorney Information**

Applicant must be represented by an attorney if applicant is incorporated or an LLC.

Step 5: **Commission Action**

~~The Commission shall adopt regulations that provide criteria for establishing that the applicant is fit, willing, and able, and criteria. for establishing that the applicant must meet the requirement of public convenience and necessity. The determination that the proposed service is required by the public convenience and necessity must be made by the Commission on a case by case basis.~~

Docket is put on the Commission Agenda for action.

1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
2. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating [performed by State Transport Police (803-896-5500)] with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201

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3. After 90 days, requests for extension of time to comply must be requested in writing.

Step 6: **Issuance of Certificate**

A. After filing of insurance, rates, and safety information, the Certificate is issued.

B. **Operation without the Certificate is prohibited.**

* Regulation 103-133 sets forth with particularity the requirements that an applicant must demonstrate in order to demonstrate "fit, willing, and able."

~~S.C. Code Regs. 103-133(1) also provides in relevant part that "[t]he public convenience and necessity criterion must be shown by the use of shipper witnesses, if the applicant applies for authority for more than three contiguous counties." The term "shipper witness" is not defined in the regulation, but the term "shipper witness" refers to a witness who can support the testimony of the applicant regarding the need for additional services in an area. Under S.C. Code Ann. §58-23-590, the applicant must prove that the "proposed service ... is required by the present public convenience and necessity." While an applicant will testify that his services are needed in an area, the shipper witnesses are to present supporting testimony that the services are in fact needed.~~

~~Generally, a shipper witness includes, but is not limited to, a person who books, attempts to book, or controls the shipment of goods. In the context of providing supporting testimony regarding the present state of public convenience and necessity, a shipper witness is someone who, through first hand knowledge, is familiar with the availability, or unavailability, of moving services in an area. First hand knowledge should come from either requiring moving services personally or from booking moving services for a company or business, such as a relocation officer for a company. To properly address the public convenience and necessity criterion, a shipper witness should be able to present testimony concerning efforts to obtain moving services and the relative ease or difficulty in obtaining moving services from existing carriers in an area or areas proposed to be served by the applicant. While a shipper witness may have used the services of the applicant and may testify to satisfaction with the applicant's services, testimony regarding the applicant's service and satisfaction with those services goes more to the "fitness" of the applicant rather than to the issue of public convenience and necessity.~~

~~Further, testimony of the shipper witness(es) must address the "present public convenience and necessity." (Emphasis added.) In other words, testimony should relate to recent events or incidents and should not focus on events that are distant or remote in time.~~

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STATE OF SOUTH CAROLINA)

(Caption of Case))

Example: Application for a Class C Charter Certificate from)
John Doe dba Doe's Limo)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:---------- _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one) Date: _____

- ☐ E (HHG) - Household Goods
- ☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application
- ☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant (if different from street address)

_____ _____
Phone FAX

_____
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

4. Select Entity Type: (Check one)
   - ☐ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and address of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

_____

_____

_____

_____

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

   ○ Yes ○ No

   If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

   ○ Yes ○ No

   If yes, list dates and nature of convictions below.

_____

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

   ○ Yes ○ No

   If yes, list dates and nature of revocations below.

_____

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED MAXIMUM RATES AND CHARGES FOR SERVICE

Proposed Maximum Rates and Charges: ***(please attach a separate page with any rates, charges, or terms and conditions not included in this chart. Also, please attach a copy of the bill of lading.)***

Company Name: _____

Docket No. ***(if assigned)*:**

Transportation Charges										
1 Truck			2 Trucks							
2 Movers	3 Movers	4 Movers	2 Movers	3 Movers	4 Movers	5 Movers	6 Movers	Additional Mover(s)	Overtime Charges (Holidays/In-Season)	Minimum Hourly Charge

Additional Services							Declaration of Value			
Bulky Article Charges							Number of Days to File Loss, Damage, or Overcharge Claim	Basic Amount	Insurance for Excess	Items of Particular Value
Television	Pool Table	Gun Cabinet	Gun Safe	Appliances	Piano	Golf Cart				
Elevator/Stair Carry	Excessive Distance or Long Carry	Pick-Up and Delivery	Packing and Unpacking	Waiting Time	Articles/Special Serving	Overnight Storage				

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☐ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

☐ Abbeville	☐ Cherokee	☐ Florence	☐ Lee	☐ Saluda
☐ Aiken	☐ Chester	☐ Georgetown	☐ Lexington	☐ Spartanburg
☐ Allendale	☐ Chesterfield	☐ Greenville	☐ Marion	☐ Sumter
☐ Anderson	☐ Clarendon	☐ Greenwood	☐ Marlboro	☐ Union
☐ Bamberg	☐ Colleton	☐ Hampton	☐ McCormick	☐ Williamsburg
☐ Barnwell	☐ Darlington	☐ Horry	☐ Newberry	☐ York
☐ Beaufort	☐ Dillon	☐ Jasper	☐ Oconee	
☐ Berkeley	☐ Dorchester	☐ Kershaw	☐ Orangeburg	☐ Statewide
☐ Calhoun	☐ Edgefield	☐ Lancaster	☐ Pickens	
☐ Charleston	☐ Fairfield	☐ Laurens	☐ Richland	

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT

INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. **Please attach (or include) a copy of a quote from the insurance company.** ~~The insurance quote must list current insurance premiums as listed below.~~

The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The insurance company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Cargo Insurance Premium
- Cargo Insurance Coverage Limits

* Attach Certificate of Insurance if available.

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	$ 5,000

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

_____
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

   ○ Yes ○ No ○ Pending (Submit when received.)

   If Yes, indicate rating below and provide copy.

   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

   ○ Yes ○ No

3. Are there currently any outstanding judgment(s) against the Applicant?

   ○ Yes ○ No

   If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

   ○ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

   ○ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Applicant's Signature

_____
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This _____ day of _____, 20___

_____
Notary Public

Commission Expires _____

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Personal Identification Information

Name of Applicant: _____

Address: _____

_____

Federal Employer
Identification Number: _____

******* **Confidential** *******

For Internal Use Only

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

_____
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes ○ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes ○ Not Applicable

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This _____ day of _____, 20____

_____
Applicant's Signature

_____
Notary Public

Commission Expires _____

Print Application

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Process if an Objection to the Application is Filed

Step 1: **Notice of Filing**

A. Applicant will receive a cover letter and a Notice of Filing document to be published in newspaper(s) that cover the area to be served.

B. The Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.

C. Applicant **MUST** provide the Commission with the Original Publisher's Affidavits by the date specified in the cover letter.

Step 2: **Notice of Hearing**

A. If an Objection is filed with the Commission, the Commission must hold a Hearing to determine if the Applicant is fit, willing, and able to perform the proposed service.

B. The Commission must publish a Notice of Hearing for an Application for a Certificate on the Commission's website for not less than 30 days before the date of the Hearing.

C. A Notice of Hearing document including the date, time, and place of hearing will be E-Served/mailed to all parties of record.

Step 3: **Hearing and Witness Requirements (R. 103-133)*** [See explanation below.]

A. Applicant or Attorney **MUST** advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.

B. All applicants and/or witnesses must prove that the carrier is fit, willing, and able to provide the services applied for.

~~C. If statewide authority (or authority for more than three contiguous counties) is sought, Applicant must prove that the Public Convenience and Necessity is not already being served in the territory by existing authorized service.~~

1. ~~The Public Convenience and Necessity criterion **MUST** be shown by the use of shipper witness. (A hearing **WILL NOT** be held without Shipper Witnesses.)~~

2. ~~Shipper Witness testimony should, at a minimum, support the area to be served.~~

~~C. Regarding Shipper Witnesses - S.C. Code Ann. §58-23-590 provides in part that the Office of Regulatory Staff must issue a common carrier certificate or contract carrier permit of public convenience and necessity, if the applicant proves to the Commission that:~~

1. ~~It is fit, willing, and able to properly perform the proposed service and comply with the provisions of this chapter and the Commission's regulations; and~~
2. ~~The proposed service, to the extent to be authorized by the certificate or permit, is required by the present public convenience and necessity.~~

Step 4: **Commission Action**

~~The Commission shall adopt regulations that provide criteria for establishing that the applicant is fit, willing, and able, and criteria. for establishing that the applicant must meet the requirement of public convenience and necessity. The determination that the proposed service is required by the public convenience and necessity must be made by the Commission on a case by case basis.~~

Docket is put on the Commission Agenda for action.

4. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
5. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating [performed by State Transport Police (803-896-5500)] with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201
6. After 90 days, requests for extension of time to comply must be requested in writing.

Step 5: **Issuance of Certificate**

C. After filing of insurance, rates, and safety information, the Certificate is issued.

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D. **Operation without the Certificate is prohibited.**

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Print Application

Clear Fields

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER:---------- _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: _____ **Telephone:** _____

Address: _____ **Fax:** _____

_____ **Other:** _____

_____ **Email:** _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

_____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

IMPORTANT! A current annual report must be on file with the Commission **before** application will be accepted.

Select Class: (Check one)

- ☐ E (HHG) - Household Goods
- ☐ E (HAZ) - Hazardous Material

Type of Application: (Check one)

- ☐ Sale of Certificate
- ☐ Transfer of Certificate
- ☐ Lease of Certificate

1. _____
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

_____
Street Address of Applicant

_____
Mailing Address of Applicant if different from street address

_____ _____
Phone FAX

_____
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

4. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

_____

_____

_____

_____

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

○ Yes ○ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

○ Yes ○ No

If yes, list dates and nature of convictions below.

_____

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

○ Yes ○ No

If yes, list dates and nature of convictions below.

_____

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		**Liabilities:**	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles		Loans Owed on Motor Vehicles	
Cash on Hand		Business/Other Loans Owed	
Cash in Bank		Other Liabilities or Debts	
Value of Other Assets and Equipment		**Total Liabilities**	
Total Assets			

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED MAXIMUM RATES AND CHARGES FOR SERVICE

Proposed Maximum Rates and Charges: ***(please attach a separate page with any rates, charges, or terms and conditions not included in this chart. Also, please attach a copy of the bill of lading.)***

Company Name: _____

Docket No. ***(if assigned)*:**

Transportation Charges										
1 Truck			2 Trucks							
2 Movers	3 Movers	4 Movers	2 Movers	3 Movers	4 Movers	5 Movers	6 Movers	Additional Mover(s)	Overtime Charges (Holidays/In-Season)	Minimum Hourly Charge

Additional Services							Declaration of Value			
Bulky Article Charges							Number of Days to File Loss, Damage, or Overcharge Claim	Basic Amount	Insurance for Excess	Items of Particular Value
Television	Pool Table	Gun Cabinet	Gun Safe	Appliances	Piano	Golf Cart				
Elevator/Stair Carry	Excessive Distance or Long Carry	Pick-Up and Delivery	Packing and Unpacking	Waiting Time	Articles/Special Serving	Overnight Storage				

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☐ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *

* Number of seats if passenger carrier or tonnage if freight carrier.

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INSURANCE QUOTE

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The following insurance quote is for:

_____
Name of Applicant

_____
Address of Applicant

_____
Name of Insurance Company

_____
Website or Home Office Address of Company

The insurance company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Cargo Insurance Premium
- Cargo Insurance Coverage Limits

* Attach Certificate of Insurance if available.

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

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Cargo - For loss of or damage to property carried on any one motor vehicle	$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	$ 5,000

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

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Exhibit FWA

_____
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

   ○ Yes ○ No ○ Pending (Submit when received.)

   If Yes, indicate rating below and provide copy.

   ○ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

   ○ Yes ○ No

3. Are there currently any outstanding judgement(s) against the Applicant?

   ○ Yes ○ No

   If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

   ○ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

   ○ Yes ○ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME

This _____ day of _____, 20____

_____
Notary Public

Commission Expires _____

_____
Applicant's Signature

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

CERTIFICATE

This Certificate is furnished by the undersigned in compliance with Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service Commission of South Carolina in connection with the transfer of authority to _____.

The undersigned states that the assets listed on the enclosed Bill of Sale of _____ are being transferred including the authority granted in Certificate No. _____ issued by the Public Service Commission of South Carolina; that there are no debts or claims against the transferor; no unremitted COD or collections due shippers; no claims for loss of or damage to goods transported or received for transportion; no claims for overages on property transported; no interline accounts due other carriers; and no wages due employees of the transferor.

_____
Transferor's Signature

SWORN TO BEFORE ME
This _____ day of _____, 20_____

_____
Notary Public

Commission Expires _____

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The Public Service Commission of South Carolina
Application for the Sale or Transfer of Certificate

Date _____

I (We) _____
the holder of Class E Certificate No. _____, respectfully requests that authority be granted said holder of Certificate to sell or transfer all rights, title and interest under said Certificate to the purchaser or tranferee, and for the purpose of enabling the Commission to determine whether or not this application should be granted, the following information is submitted:

1. _____
Name of Owner or Transferor

_____
Address

_____ _____
Email Address Phone

2. _____
Name of Purchaser or Tranferee

_____
Address

_____ _____
Email Address Phone

Check one: ◯ Corporation ◯ Partnership ◯ Individual

Date organized: _____

State of Incorporation: _____

Submit a copy of the partnership agreement and a list of individuals composing the partnership.

3. The purchaser or transferee submits a copy of the proposed tariff, which is the same as is now in effect, with the following exception(s): _____

4. The Certificate to be transferred is attached.

5. Are there now any liens, mortgages, or debts in effect over, against, or in any way affecting this certificate?
◯ No ◯ Yes Attach a complete list showing dates, amounts and names of parties.

6. Is the proposed sale or transfer being made in any way for the purpose of hindering, delaying, or defrauding creditors?
◯ No ◯ Yes

GIVEN under our hand this _____ day of _____, 20____

Owner or Transferor _____

By _____

Title _____

Purchaser or Transferee _____

By _____

Title _____

SWORN TO BEFORE ME

This _____ day of _____, 20____

_____
Notary Public

Commission Expires _____

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C.Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

STATE OF SOUTH CAROLINA

COUNTY OF _____

_____
Applicant's Signature

I, _____ , _____
Name of Applicant's Representative — Title

of _____ ,
Applicant

the Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

_____
Signature of Applicant's Representative

SWORN TO BEFORE ME
This _____ day of _____, 20 ___

_____
Notary Public

Commission Expires _____

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Personal Identification Information

Name of Applicant: _____

Address: _____

_____

Federal Employer
Identification Number: _____

******* **Confidential** *******

For Internal Use Only

Print Application

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

_____
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392; 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes ○ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes ○ Not Applicable

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This _____ day of _____, 20____

_____
Applicant's Signature

_____
Notary Public

Commission Expires _____

Print Application

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