220775
220776

STATE OF SOUTH CAROLINA

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

Request to Reinstate Class C Taxi Certificate of

Safety Cab, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 1999 - 159 - T 2009 - 277 - T

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: JAMES FORDHAM *Telephone: 843-670-2825
*Address: 1430 Meeting St. *Fax: 843-722-4099
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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- [ ] Request for Cancellation of Certificate
- [ ] Request for Suspension
- [x] Request for Reinstatement

COPY
Posted: tod
Dept: S.A.
Date: 12/17/09
Time: 9:50

- [ ] 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:

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DEC 16 2009
ORS
T,T,W,W/W

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

Print Form Reset Form

S. C. PUBLIC SERVICE COMMISSION
RECEIVED
DEC 16 2009
RECEIVED

CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 12/15/09

Please consider this an application for Reinstatement of my Class C:

- [x] (Taxi) Certificate
- [x] Charter Certificate
- [ ] Charter Bus Certificate
- [ ] Non-Emergency Certificate

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DEC 16 2009
ORS
T,T,W,W/W

My Certificate of Public Convenience and Necessity No. is 676-A. My certificate was revoked/cancelled on 10/14/09 because of failure to submit a 2008 Annual Report (*) I seek re-certification because Fail To Submit Annual Report on Time

Safety Cab, LLC
(Name of Company)

DBA N/A
(If applicable)

* 1430 Meeting St. Rd
(Street Address)

*
(Mailing Address if different from Street Address)

* N. Chas S.C. 29405
(City, State, Zip Code)

* [signature]
(Signature)

* 843-670-2825
(Telephone Number)

* Owner
(Title)

ORS Revised 1/29/08

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DEC 15 2009
T.T.W.W/W

12-15-09

S.C. Public Service Commission
attn: Carol
803-737-0815

Reference with Mr. Fordham, Safety Cot Co.
57118-2257.
Following is annual report for 2008.

Please excuse lateness of this report
due to my having heart attack.

Sincerely,
J.C. Oge

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For carriers with total revenues less than $75,000)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

RECEIVED
DEC 15 2009
ORS
T,T,W,W/W

CARRIER NAME Safety Cab Company

STREET ADDRESS 1430 Meeting Street Road

CITY, STATE, ZIP CODE Charleston, SC 29405

MAILING ADDRESS Phone: 843-722-4066

CITY, STATE, ZIP CODE Old Reliable Since 1936

TELEPHONE NUMBER (AREA CODE)

FEDERAL IDENTIFICATION NUMBER

Operating Revenues:

1. SC Regulated Authority _____ (all monies received within South Carolina)
2. Other Revenues 0 $ 0 (Monies received outside of South Carolina)
3. Total Revenues _____ $ _____ (total of line 1 + line 2)
4. Operating Expenses:
5. Salaries and Wages 53117.00 (Money paid to employees)
6. Operating Supplies 1310.00 (cleaning, office, etc)
7. Repairs 2395.00 (on vehicles)
8. Taxes and Licenses 4821.00 (on vehicles)
9. Insurance 37607.00 (on vehicles)
10. Utilities and Communications 11163.00 (phones and radios)
11. Depreciation 0 (vehicles)
12. Rent 12400.00 (vehicles, office)
13. Interest 0 (vehicle loan)
14. Miscellaneous 21633 (smaller expenses that are not included in the other categories)
15. Total Expenses 144446.00 (Total lines 5 through line 14)
16. Net Operating Income (Loss) (50846.00) (line 3 minus line 15)
17. Operating Ratio (Total Expenses divided by Total Revenue) 12.33 %