22 5433

STATE OF SOUTH CAROLINA

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

JAMES MCCORMICK
dba
ON TIME TAXI

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2010 - 285 - 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 MCCORMICK
Telephone: 843- 864-6201
Address: 9515 SINGLETON RD
MCCLELLANVILLE
SOUTH CAROLINA 29458
Fax:
Other:
Email: MCCORMICK5362@LIVE.COM

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
- [x] 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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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
- [ ] 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: _____

RECEIVED
AUG 23 2010
PSC SC
CLERK'S OFFICE

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

Print Form Reset Form

tod

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

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

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED
AUG 23 2010
PSC SC
CLERK'S OFFICE

Date: 8-6-2010

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, 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.)

James Mccormick dba ON TIME TAXI

9515 SINGLETON RD MCCLELLANVILLE,SC 29458
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-864-6201
Phone

Fax

MCCORMICK5362@LIVE.COM
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. Select Entity Type: (Check one)
   - [x] 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.

BALANCE SHEET

Balance at Time Application is Filed:
Month 8-6 Year 2010

Assets:	
Cash	3,000.00
Receivables	
Real Estate	240,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	25,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	15,000.00
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	283,000.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	990.00
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	350.00
Total Liabilities	1,340.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

INITIAL CHARGE	INITIAL DISTANCE	MILEAGE CHARGE	MILEAGE DISTANCE	WAIT TIME PER HR.
$2.00	1/8	.30	1/8	$22.50

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:
7

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
LINCOLN	2000 NAVIGATOR	5LMRU27A4YLJO2460	5393	7

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.**

The following insurance quote is for:

James McCormick dba ON TIME TAXI
Name of Motor Carrier

9515 Singleton Rd McClellanville, SC. 29458
Address of Motor Carrier

Amount of Premium: **Limits Quoted: (See Below)**

Liability Insurance $ 2800.00 Limits 75000 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

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

Starnet Ins Company
Name of Insurance Company

1245 Celebration Blvd Florence, SC. 29501
Home Office Address of Company

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.

8-19-10
Date

Jerry Poston 843-407-4090
Authorized Insurance Company Representative's Signature

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.

Exhibit FWA

JAMES MCCORMICK
Name of Applicant

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

   If Yes, indicate nature of judgement(s) against applicant.

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

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
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

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 (Vol.26, 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.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

James McCormick
Applicant's Signature

I, JAMES MCCORMICK, OWNER
Name of Applicant's Representative — Title

of On Time TAXI,
Applicant

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

James McCormick
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 19 day of August, 2010

Notary Public

Commission Expires 2-17-2019