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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

Application for a Class C Charter Certificate from Carter Moze for Grab A Cab Taxi Service.

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: Carter Moze

Telephone: 2525719061

Address: 1013 College Park RD

Summerville, SC 29486

Fax:

Other: 2525719060

Email: cartermoe61@yahoo.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
- ☒ 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- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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: _____

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 OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 06/12/2022

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

1013 College Park RD, Summerville, SC 29486
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

2525719061
Phone Fax

cartermoe61@yahoo.com
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.

Kimbley Moze 1013 College Park RD, Summerville, SC 29486

Carter Moze 1013 College Park RD, Summerville, SC 29486

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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	$0	Mortgage/Loan on Real Estate	$0
Value of Motor Vehicles	$30000	Loans Owed on Motor Vehicles	$26000
Cash on Hand	$0	Business/Other Loans Owed	$0
Cash in Bank	$1000	Other Liabilities or Debts	$0
Value of Other Assets and Equipment	$0	**Total Liabilities**	$26000
Total Assets	$31000		

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:

Lease Cabs to driver at an proposed rate of $100/ day.
2 cabs running 2 shifts/day.

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
Dodge	2013 Grand Caravan	2C4RDGCGXDR521834	4321 LBS
Chrysler	Town & Country	2C4RC1BG5DR5556587	4321 LBS

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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.

The following insurance quote is for:

Carter & Kimbley Moze

Name of Applicant

1013 Coillege Park RD, Summerville, SC 29486

Address of Applicant

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

Liability Insurance $ 61.16 Limits $50,000/$100,000/$50,000

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**

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

State Farm

Name of Insurance Company

905 N Main Street, Summerville, SC 29483

Home Office Address of Company

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.

StateFarm State Farm Mutual Automobile Insurance Company
PO Box 2358
Bloomington IL 61702-2358

86630-5-P MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT3 40-1215-5 P A
002022 0058
MOZE, CARTER & KIMBLEY
1013 COLLEGE PARK RD
SUMMERVILLE SC 29486-8613

POLICY NUMBER [redacted]
POLICY PERIOD JUN 02 2022 to DEC 02 2022
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
[redacted]

AGENT
CHARLES CHITWOOD
905 N MAIN ST STE 100
SUMMERVILLE, SC 29483-6600

PHONE: (843)871-1154

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY TYPE	VIN	CLASS
2013	DODGE	CARAVAN	VAN	[redacted]	

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Bodily Injury Liability	
	Bodily Injury Limits	
	$50,000 $100,000	
	Property Damage Liability	
	Each Accident	
P12	Personal Injury Protection Coverage	$146.57
D	Comprehensive Coverage - $250 Deductible	$154.19
	Collision Coverage - $250 Deductible	
H	Emergency Road Service Coverage	$7.04
U	Uninsured Motor Vehicle Coverage	
	Bodily Injury Limits	
	Each Person, Each Accident	
	$50,000 $100,000	
	Property Damage Limit	
	Each Accident	
	$50,000	
W	Underinsured Motor Vehicle Coverage	$68.19
	Bodily Injury Limits	
	Each Person, Each Accident	
	$50,000 $100,000	
	Property Damage Limit	
	Each Accident	
	$50,000	
	Total premium for JUN 02 2022 to DEC 02 2022	$1,230.02 This is not a bill.

CONTINUED

Sea Reverse Side

06527/08733

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State Farm
State Farm Mutual Automobile Insurance Company
PO Box 2358
Bloomington IL 61702-2358

86630-5-P MUTL VOL

DECLARATIONS PAGE

NAMED INSURED
AT3 40-1215-5 P A
002021 0058
MOZE, CARTER & KIMBLEY
1013 COLLEGE PARK RD
SUMMERVILLE SC 29486-8613

POLICY NUMBER [redacted]
POLICY PERIOD MAY 27 2022 to NOV 27 2022
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
[redacted]

AGENT
CHARLES CHITWOOD
905 N MAIN ST STE 100
SUMMERVILLE, SC 29483-6600

PHONE: (843)871-1154

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER
2013	CHRYSLER	TOWN CNTRY	VAN	[redacted]

SYMBOL	COVERAGES & LIMITS	PREMIUM
	Liability Coverage	
	Bodily Injury Limits	
	Each Person Each Accident	
	$50,000 $100,000	
	Property Damage Limit	
	Each Accident	
	$50,000	
P12	Personal Injury Protection Coverage	$99.59
	Comprehensive Coverage - $250 Deductible	
D	Comprehensive Coverage - $250 Deductible	$141.58
	Collision Coverage - $250 Deductible	
H	Emergency Road Service Coverage	$7.04
	Uninsured Motorist Coverage	
	Bodily Injury Limits	
	Each Person Each Accident	
	$50,000 $100,000	
	Property Damage Limit	
	Each Accident	
	$50,000	
W	Underinsured Motor Vehicle Coverage	$68.19
	Bodily Injury Limits	
	Each Person Each Accident	
	$100,000 $300,000	
	Property Damage Limit	
	$50,000	
	Total Premium for MAY 27 2022 to NOV 27 2022	$1,089.79

CONTINUED

See Reverse Side

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Exhibit Fit, Willing, and Able (FWA)

Carter Moze

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

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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 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.

Carter Moz
Applicant's Signature

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

STATE OF SOUTH CAROLINA)
COUNTY OF Berkeley)

SWORN TO BEFORE ME
This 13th day of June, 2022

Josalyn Rogers
Notary Public

Commission Expires 7/7/2030

JOSALYN ROGERS NOTARY PUBLIC MY COMM. EXP. 7/7/2030 SOUTH CAROLINA

Print Application