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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

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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 n have a Docket Number. The Commission will assign one to you. If y have filed with the Commission before, a Docket Number was assign and should be entered above.

(Please type or print) **Submitted by:** Greenville Executive Transportation LLC

Address: 15 Promenade Drive, Greenville South Carolina 29609

Telephone: 517-219-3547

Fax:

Other:

Email: ajibah1@yahoo.com

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

NATURE OF ACTION (Check all that apply)

- [ ] Application - Class A/A Restricted
- [ ] Application - Class C Taxi
- [x] 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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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: 10/02/2020

CLASS C - CHARTER

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

15 Promenade Drive, Greenville South Carolina 29609
Street Address of Applicant

3245 Glenn McConnell Parkway APT 108, Charleston South Carolina 29414
Mailing Address of Applicant (if different from street address)

517-219-3597
Phone Fax

ajibah1@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)
   - [x] 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.

LLC

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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	0
Value of Motor Vehicles	$2,000	Loans Owed on Motor Vehicles	0
Cash on Hand	$5,000	Business/Other Loans Owed	0
Cash in Bank		Other Liabilities or Debts	0
Value of Other Assets and Equipment		**Total Liabilities**	0
Total Assets	$7,000		

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:

Flat fee of $75.00 for transfer within a 30 mile radius within the city of Greenville. Each additional mile will be $1.00.

Hourly charge for charter transportation will begin at $50.00/hr with the requirement that at least 3 hours is purchased. Chauffeur will be at the beck and call of the client. Each additional hour will be $50.00.

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.)

- [x] 1-7 Passengers, including driver
- [ ] 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Lincoln	2010 Town Car	2LNBL8CV3AX626422	4403

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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:

Stephen Oswalt

Name of Applicant

3245 Glenn Mcconnell Parkway APT 108, Charleston South Carolina 29414

Address of Applicant

Amount of Premium:

Liability Insurance $ 1895.00

Limits Quoted: (See Below)

Limits $25,000/$50,000/$25,000

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

Progressive

Name of Insurance Company

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.

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Exhibit Fit, Willing, and Able (FWA)

Stephen Oswalt
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

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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:

- [x] 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.

Steve [illegible]
Applicant's Signature

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

STATE OF SOUTH CAROLINA)
)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 02 day of Oct., 20 20

Michelle Deleline
Notary Public

Commission Expires Michelle Daleline
NOTARY PUBLIC
State of South Carolina
Commission Expires 4/8/2030

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The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Greenville Executive Transportation LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 29th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of August, 2020.

Mark Hammond

Mark Hammond, Secretary of State

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The UPS Store®
1643B Savannah Hwy
Charleston, SC 29407

FAX

To	Public Service Commission	From	Stephen Oswald
Company		Phone number	517-219-3597
Fax number	803-896-5199	Reference	
Date	10/02/2020	Total pages	10

PROGRESSIVE COMMERCIAL

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STEPHEN OSWALT

Business Details

Business Owner Information

Rates And Coverages

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Uninsured Motorist Bodily Injury:	$25,000 person / $50,000 accident
Underinsured Motorist Bodily Injury:	$25,000 person / $50,000 accident

2010 LINCOLN TOWN CAR

Uninsured Motorist Property Damage:	$25,000 with $200 Deductible
Underinsured Motorist Property Damage:	$25,000 with $0 Deductible
Medical Payments:	Not Selected
Comprehensive:	$500 Deductible / $0 Glass Deductible
Collision:	$1,000 Deductible

Other coverages for your commercial vehicles.
Please call us to talk to a licensed agent about adding these coverages to your quote:

- Rental Reimbursement Coverage
- Roadside Assistance Coverage

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