# 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.

## 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 of Public Convenience and Necessity upon completion of Step 4.

B. **Operation without the Certificate of Public Convenience and Necessity 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:** _____

**Address:** _____

_____

_____

**Telephone:** _____

**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 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.

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: _____

**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.)

_____
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.

## 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 | |

# 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 AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.**
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:

_____
Name of Applicant

_____
Address of Applicant

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

Liability Insurance $ _____ Limits _____

The above quoted premium is for a term of _____ 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

_____
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.

# 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

# 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

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 (Volume 26, 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 23A, 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.

_____
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 _____

**Personal Identification Information**

Name of Applicant: _____

Address: _____

_____

Federal Employer Identification Number: _____

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

**For Internal Use Only**