Print Instructions and Application

Class C STRETCHER VAN APPLICATION PROCESS

Step 1: Complete and Submit the Application.

A. Complete all sections of the Transportation Cover Sheet and Application.
B. Provide all signatures as required.
C. Application must be notarized in appropriate areas.
D. If Applicant is incorporated, please attach Articles of Incorporation.
E. Call the Public Service Commission at 803-896-5100 with any questions regarding the completion of the Transportation Cover Sheet and Application.
F. Mail completed Transportation Cover Sheet and Application to:

Public Service Commission		**Office of Regulatory Staff**
Docketing Department	and	**Transportation Department**
Post Office Drawer 11649		**1401 Main Street, Suite 900**
Columbia, SC 29211		**Columbia, SC 29201**

G. Contact the Office of Regulatory Staff (ORS) Transportation Department at 803-737-0800 with any questions regarding the certification process.

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 http://dms.psc.sc.gov. Link to DMS

Step 3: Public Service Commission Action

A. The Commission may discuss and approve or deny the application during a regularly scheduled Public Service Commission meeting.
B. Applicant will receive an Order approving or denying the application from the Commission.
C. If approved, Applicant has 60 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

Step 4: Compliance with the Public Service Commission Rules and Regulations

A. License Decals - Mail payment (cash, check, or money order) for license decals with completed license decal application to:

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

Link to ORS Forms

B. Vehicle Inspection
   1. Stretcher vans 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 then file Form E with ORS.

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
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
(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

CLASS C - STRETCHER VAN Date: _____

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 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)
   - ☐ 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 _____ Year _____

Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Rates and Charges for Service are as follows:

Counties to be Served:

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY *

*Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

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

The following insurance quote is for:

_____

Name of Motor Carrier

_____

Address of Motor Carrier

Amount of Premium:

Liability Insurance $ _____

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

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	$ 1,000,000	
Medical Payments per Person	$ 1,000	

_____

Name of Insurance Company

_____

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.

_____ _____

Date 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

_____
Name

_____ _____
U.S.D.O.T No. ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ◯ Yes ◯ No ◯ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ◯ Satisfactory ◯ Conditional ◯ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
   ◯ Yes ◯ No

3. Are there currently any outstanding judgments against the Applicant?
   ◯ Yes ◯ No
   If Yes, indicate nature of judgement(s) against applicant.

4. 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

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◯ Yes ◯ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

   ◯ Yes ◯ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

   ◯ Yes ◯ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

   ◯ Yes ◯ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

   ◯ Yes ◯ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant 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

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

   ◯ Yes ◯ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

   ◯ Yes ◯ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

   ◯ 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 _____ _____
Applicant's Signature

I, _____ , _____
Name of Applicant's Representative Title

of _____ ,
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.

_____
Signature of Applicant's Representative

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