Print Instructions and Application

# Class C CHARTER BUS 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 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/dockets. 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. Safety Audit and Certification
   1. Contact the SC State Transport Police at (803) 896-5500 to schedule a safety audit.
   2. Complete and return the Safety Certification to the ORS.

      **Office of Regulatory Staff**
      **Transportation Department**
      **1401 Main Street, Suite 900**
      **Columbia, SC 29201**
      **Fax: (803) 737-0815**

B. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the **Form E (**Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the 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 upon completion of Step 4.
B. **Operation without the certificate 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 CLASS C - CHARTER BUS CERTIFICATE

Date: _____

**CLASS C - CHARTER BUS**

Application is hereby made for a Class C - Charter Bus Certificate.

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.

_____

_____

_____

_____

# DESCRIPTION OF EQUIPMENT

| MAKE | YEAR & MODEL | VIN# | WEIGHT EMPTY | SEATING CAPACITY |
|---|---|---|---|---|
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# 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:** **Limits Quoted: (See Below)**

Liability Insurance $ _____ Limits _____

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

**Minimum Limits - Intrastate Only**:

**16 or More Passengers $ 25,000/300,000/25,000**

_____

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 insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

   ◯ Yes ◯ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◯ 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 Charter Bus Certificate 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 _____

**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

_____
Applicant's Name

## Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

◯ Yes ◯ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

◯ Yes ◯ Not Applicable

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

I, _____ , verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

_____
Applicant's Signature

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**