

246281

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 Stretcher Van Certificate from MediTam Transportation, Inc.

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER 2013 - 348 - T

COPY

Posted: [Signature]

Date: N/A

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: Robert Pikaart

Date: 9/17/13

Telephone: 843-236-6001

Address: 3926 Wesley Street

Time: 3:59

Fax: 843-236-6002

Suite 103

Other: 843-452-6623

Myrtle Beach, SC 29579

Email: bobbikaart@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
[X] 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Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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:

RECEIVED

SEP 13 2013

PSC SC MAIL / DMS

RECEIVED 2013 SEP 13 AM 9:40 SC PUBLIC SERVICE COMMISSION

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Signature]

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**

RECEIVED  
2013 SEP 13 AM 9:40  
SC PUBLIC SERVICE  
COMMISSION

**CLASS C - STRETCHER VAN**

Date: August 29, 2013

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.)

MediTam Transportation, Inc.

3926 Wesley Street; Suite 103; Myrtle Beach, SC 29579  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-236-6001/843-452-6623

Phone

843-236-6002

Fax

bobpikaart@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 address of all person having an interest in the business.  
 Corporation - List names and addresses of two principal officers.

Robert Pikaart - Owner - 227 Springlake Drive; Myrtle Beach, SC 29579

Harold Swanner - Board Member - 3926 Wesley Street; Myrtle Beach, SC 29579

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 August Year 2013

**Assets:**

Cash	\$ 5,000
Receivables	\$ 103,000
Real Estate	0
Buildings and Equipment (Net)	\$ 45,000
Motor Vehicles (Net)	\$250,000
Garage Equipment (Net)	\$ 15,000
Machinery and Tools (Net)	\$ 2,000
Supplies on Hand	\$ 3,000
Prepays and Other Assets	0
<b>Total Assets *</b>	<b>\$ 423,000</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$ 8,000
Notes Payable	\$ 300,000
Mortgages Payable	0
Equipment Obligations	\$ 55,000
Accrued Salaries and Wages	\$ 31,000
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>\$ 394,000</b>
Capital Stock	\$ 20,000
Retained Earnings	\$ 9,000
<b>Total Equity</b>	<b>\$ 29,000</b>
<b>Total Liabilities and Equity *</b>	<b>\$ 423,000</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Base Rate.....\$ 80.00

Mileage Rate.....\$ 2.25

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.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> 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.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
	To Be Determined	Seven (7) Stretcher Vans		

### 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:

Meditam Transportation Inc

Name of Applicant

3926 Wesley St. Ste 102, Myrtle Beach, SC 29579

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 4,000

The above quoted premium is for a term of 12 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	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Selective Insurance Co

Name of Insurance Company

40 Wantage Ave, Branchville, NJ 07890

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.

8/23/2013

Date

Authorized Insurance Company Representative's Signature

**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 Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

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](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

MediTam Transportation, Inc.

Name

N/A

U.S.D.O.T No.

N/A

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 (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.

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

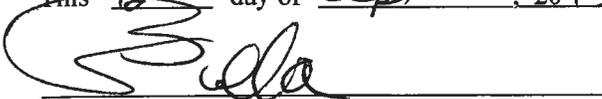
Robert Pikaart - Owner

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

STATE OF SOUTH CAROLINA )  
COUNTY OF Georgetown )

SWORN TO BEFORE ME

This 12<sup>th</sup> day of Sept, 2013



Notary Public

Commission Expires May 27, 2018



# *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:**

**MEDITAM TRANSPORTATION, INC, a corporation duly organized under the laws of the State of South Carolina on April 30th, 2013, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.**

**Given under my Hand and the Great Seal of the State of South Carolina this 30th day of April, 2013**

A handwritten signature in black ink that reads "Mark Hammond".

**Mark Hammond, Secretary of State**