

## **CLASS A/A RESTRICTED APPLICATION PROCESS**

### **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 Application.
- B. Provide all signatures as required.
- C. Application must be notarized in the appropriate area.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence or Articles of Organization from the South Carolina Secretary of State.
  - If Applicant's LLC or incorporation has been filed OUT OF STATE, please attach a **Certificate of Authority** or the **Application for Certificate of Authority** from the South Carolina Secretary of State.
  - If Applicant is a Corporation or Non-Profit, please attach a copy of the Certificate of Existence or Articles of **Incorporation** from the South Carolina Secretary of State.
- 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, Email (**all documents submitted via email must be in PDF format**) or FAX completed Transportation Cover Sheet, Application, and attachments to:

<b>Public Service Commission</b>	and	<b>Office of Regulatory Staff</b>
<b>Clerk's Office</b>		<b>Transportation Department</b>
<b>101 Executive Center Drive, Suite 100</b>		<b>1401 Main Street, Suite 900</b>
<b>Columbia, SC 29210</b>		<b>Columbia, SC 29201</b>
<b>Fax: 803-896-5199</b>		<b>Email: <a href="mailto:Transportation@ors.sc.gov">Transportation@ors.sc.gov</a></b>
- G. Contact the Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the certification process.

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE REJECTED/RETURNED TO THE APPLICANT**

### **Step 2:**

#### **Application is assigned a Docket Number.**

- A. Applicant will receive a confirmation email/letter indicating the Docket Number assignment.
- B. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at <https://dms.psc.sc.gov/Web>.
- C. A confirmation letter from the Commission will explain attorney requirements.

### **Step 3:**

#### **Application is published on the PSC's website for 15 days.**

- A. If no objection is filed, the Commission may meet to determine if the Applicant is fit, willing, and able to perform the proposed service, upon a showing based upon criteria established by the Commission.
- B. If the Commission issues a Directive approving the Application, the Office of Regulatory Staff may then issue the Certificate.
- C. The Directive of the Commission shall serve as the Commission's Order 30 days after issuance.
- D. If an Objection to the Application is filed, the process is outlined at the end of this Document.
- E. If an Objection is filed, the Applicant must be represented by an attorney if applicant is incorporated or an LLC.

### **Step 4:**

#### **After Commission Action**

1. If denied, another application may not be made until at least 6 months have elapsed since the date of denial.
2. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory rating with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201; Email: [Transportation@ors.sc.gov](mailto:Transportation@ors.sc.gov).

- a. 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.
3. After 90 days, requests for extension of time to comply must be requested in writing.

**Step 5: Issuance of Certificate**

1. After filing of insurance, rates, and safety information with the South Carolina Office of Regulatory Staff, the Certificate is issued by the South Carolina Office of Regulatory Staff.
2. Operation without the Certificate is prohibited.

\* Regulation 103-133 sets forth with particularity the requirements that an applicant must demonstrate in order to demonstrate "fit, willing, and able."

**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:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**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 One)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order                                   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate                                      | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> 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 FOR OPERATION OF MOTOR VEHICLE CARRIER**

Date: \_\_\_\_\_

Select Class: (Check one)

- A
- A - RESTRICTED

Application is hereby made for a Certificate, 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 (**email must be printed clearly**)

2. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence or Articles of Incorporation from the South Carolina Secretary of State.

- If Applicant's LLC or incorporation has been filed OUT OF STATE, please attach a **Certificate of Authority** or the **Application for Certificate of Authority** from the South Carolina Secretary of State.
- If Applicant is a Corporation or Non-Profit, please attach a copy of the Certificate of Existence or Articles of **Incorporation** from the South Carolina Secretary of State.

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 or Limited Liability Company (LLC) - List names and addresses of two principal officers.
- Non-profit Company

## PROPOSED ROUTE AND MILEAGE

Operating between \_\_\_\_\_ and \_\_\_\_\_

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *

\* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.



## INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. **You must attach (or include) a copy of a quote from the insurance company to your application.** The insurance quote will be treated as confidential information by the Commission, and it will not be posted on the Commission's Docket Management System.

The attached insurance quote is for:

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Name of Applicant

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Address of Applicant

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Name of Insurance Company

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Website or Home Office Address of Company

**The insurance company quote must show the following:**

- Name of Business
- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

**Minimum Limits - Intrastate Only:**

**1-7 Passengers\*                      \$ 25,000/50,000/25,000**

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

**8-15 Passengers\*                    \$ 25,000/100,000/25,000**

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.

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

## Additional Questions

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**Applicant's Name**

1. Does Applicant have a Safety Rating from the U.S.D.O.T., if applicable?

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 placed "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, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations governing for-hire motor carrier operations in 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

6. Is Applicant financially fit to do business as a certified carrier?

Yes                       No



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.

You must select one of the boxes below:

- 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](http://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 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 \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

**Personal Identification Information**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Employer  
Identification Number: \_\_\_\_\_

\*\*\*\*\* **Confidential** \*\*\*\*\*

**For Internal Use Only**

## **Process if an Objection to the Application is Filed**

**If an objection is filed, the Applicant must be represented by an attorney if applicant is incorporated or an LLC.**

- Step 1:**           **Notice of Hearing**
- A.     If an Objection is filed with the Commission, the Commission must hold a Hearing to determine if the Applicant is fit, willing, and able to perform the proposed service.
  - B.     The Commission must publish a Notice of Hearing for an Application for a Certificate on the Commission's website for not less than 30 days before the date of the Hearing.
  - C.     A Notice of Hearing document including the date, time, and place of hearing will be E-Served/mailed to all parties of record.
- Step 2:**           **Hearing and Witness Requirements (R. 103-133)**
- A.     Applicant or Attorney **MUST** advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.
  - B.     All applicants and/or witnesses must prove that the carrier is fit, willing, and able to provide the services applied for.
- Step 3:**           **Commission Action**
- Docket is put on the Commission Agenda for action.
- 1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
  - 2. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201
  - 3. After 90 days, requests for extension of time to comply must be requested in writing.
- Step 4:**           **Issuance of Certificate**
- A.     After filing of insurance, rates, and safety information with the South Carolina Office of Regulatory Staff, the Certificate is issued by the South Carolina Office of Regulatory Staff.
  - B.     **Operation without the Certificate is prohibited.**