

Submitting an application for a Class C Stretcher Van Certificate involves two South Carolina state agencies:

- 1.) Public Service Commission of South Carolina (PSC) <https://www.psc.sc.gov/>
- 2.) South Carolina Office of Regulatory Staff (ORS) <https://ors.sc.gov/>

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 Stretcher Van Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

****Please ensure name/name of business is consistent throughout the Application****

- A. Complete all sections of the Transportation Cover Sheet and Class C Stretcher Van 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. Mail, Email (**all documents submitted via email must be in PDF format**) or Fax the completed Transportation Cover Sheet, Class C Stretcher Van 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
Email: Transportation@ors.sc.gov

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>.

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.
 - 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: _____ |

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

CLASS C - STRETCHER VAN

Date: _____

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 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.

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

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. Select “Statewide” if you intend to operate in all counties in South Carolina. Otherwise, you will only be allowed to operate in those counties checked below.

Statewide

<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 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#	WHEELCHAIR LIFT

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

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. 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:

Name of Applicant

Address of Applicant

Name of Insurance Company

Website or Home Office Address of Company

The Insurance Company quote must show the following:

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

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

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

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.

Additional Questions

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:

1. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

Yes No

2. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes No

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

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 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

4. 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

5. 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

6. 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

7. 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
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 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 _____

Name of Notary _____

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.
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- 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.
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