

**Office of Public Carrier
 Delaware Transit Corporation
 119 Lower Beech Street STE 100
 Ph: 1.800.652.3278 Prompt 7 • Fax: (302) 577.1042**

New-Certificate of Public Convenience and Necessity Application

Section 1: Type of Operations

Filing Fee \$400.00	Receipt # : _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Type of Service	<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Charter Bus <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Fixed Route
No. of vehicles	
Service Territory	<input type="checkbox"/> Sussex County Only <input type="checkbox"/> Kent County Only <input type="checkbox"/> New Castle County Only <input type="checkbox"/> Statewide <input type="checkbox"/> Custom-describe below
If Custom, explain	

Print or Type Only

Section 2: Applicant Information

Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)
Applicant's Name (If Corp., use bus. name)	
Trading As:	
Mailing Address	
Location of Records (Not P.O. Box)	
Contact Name	
Federal I.D. No.	
Social Security No. (If applying as Sole Prop.)	
Business Phone No.	
Business Fax No.	
Cell Phone No.	
E-Mail Address	

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Section 10: Background Check

All business owners, officers, directors, members and managers must provide a Federal Bureau of Investigation and a State Bureau of Investigation criminal history background check to verify that they are clear of any disqualifying crime

Please label as **Attachment G**

Section 11: Rates

Please provide a listing of the proposed rates to be charged to customers. This document must be typed, and on company letterhead. It must clearly identify the information that a customer needs to determine the charge for transport to and from a particular destination. Once established the rates cannot be changed, unless a formal request is received by this office. In addition, only vehicles equipped with a taximeter can utilize a per mile rate.

Please label as **Attachment H**

Section 12: Proposed Operations

The applicant must satisfactorily present written evidence that the proposed operations will serve a useful public purpose, a useful public necessity, and a useful public convenience responsive to public demand and that existing public carriers are not able to meet the demands of the industry. This requirement can be satisfied through the presentation of petitions, surveys, requests for service, demographic trend surveys or other documents that clearly identify a public demand exists. Written statements by the applicant are insufficient without supporting documentation. Complete supplemental questionnaire and attach as attachment I.

Please label as **Attachment I**

Section 13: Trip Log

All drivers shall keep a daily log of all trips on a printed form to be supplied by the company. The logs shall be retained by the company for a minimum of four years. These daily forms shall show, for each trip, the registrant's name, the date, the origin, destination, time leaving origin, time arriving at destination, distance traveled, number of passengers, routes of travel, beginning and ending odometer reading for trip, amount of fare and vehicle identification number. Please see worksheet labeled SAMPLE TRIP LOG for ideas or utilization of form.

Please label as **Attachment J**

Section 14: Maintenance Log

Each applicant shall make a complete inspection of each motor vehicle at least once each week for mechanical and structural defects and all necessary repairs shall be made before the motor vehicle is returned to service. These weekly forms shall show date of inspection, vehicle identification number, lubrication record and adjustments, and signed by the person making such inspections. Please see worksheet labeled SAMPLE MAINTENANCE LOG for ideas or utilization of form.

Please label as **Attachment K**

Section 15: Fixed Route

Please provide a map showing proposed routes and schedules.

Please label as **Attachment L**

Section 16: Certified Filing of Application

Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law and Rules and Regulations as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions? Yes No

Sign a copy of PC-16 Record Keeping Certification and label as **Attachment M**

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted). I, certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative

Date

New-Certificate of Public Convenience and Necessity Application

For Office Use Only

Reviewer: _____ Date: _____

Approved for Intervention: Yes No

Yes Intervention Ends: _____ Intervention Received: Yes No

If No Intervention Received:

Office of Public Carrier Regulation Signature: _____

Approval: Yes No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: Yes No Date: _____

Comments: _____

Complete this section if intervention is received by another carrier:

Hearing Date: _____

Hearing Officer Signature: _____

Approval: Yes No Date: _____

Office of Public Carrier Regulation Signature: _____

Approval: Yes No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: Yes No Date: _____

Comments: _____

Approved Docket Number Issued: _____

Date Certificate Issued: _____