Office of Public Carrier Delaware Transit Corporation 119 Lower Beech Street STE 100

Ph: 1.800.652.3278 Prompt 7 • Fax: (302) 577.1042

Section 1:Type of Operat				
Filing Fee \$400.00	Receipt #:		Cash Check Mo	oney Order
Type of Service	Taxi Limousine	Charter Bus	Non-Emergency Medical	Fixed Route
No. of vehicles				
Service Territory	Sussex County Only	Kent County Only	New Castle County Only	Statewide
	Custom-describe belo	ow		
If Custom, explain				_
		Print or Type O	nly	
Section 2: Applicant Info Ownership	rmation Sole Proprietorship	Corporation	Limited Liability Corp (LLC)	S-Corporation
	Partnership	Limited Liability Pa	rtnership (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				

Section 3: Business Own	ection 3: Business Owners, Officers, Directors, Members, Partners				
	Sole Proprietorship Informaton				
Last Name	First Name	Social Security No. Date of Birth		te of Birth	
	Own	ership Information			
	shareholders/officer/directors/memill corporations. The written Partn				
	partnerships. Attach a list if more		·		,
					% of
Last Name	First Name	SSN	Date o	of Birth	Ownership
Partner or Corporation Agre	eements please label as Att	achment A			
Section 4: Operational Int	formation				
Year-Round	Yes	No			
If No, Seasonal	From:	To:			
					•
Hours of Operation	From:	To:			
·					•
Costion F. Vobiolo Inform	otion				
Section 5: Vehicle Inform	alion				
Please submit copies of the regis	tration cards for vehicles already in	n possession and/or a purchase q	uotation documen	t from the individ	lual/company you intend
	r letter of intent to purchase the	vehicle(s) within 180 days, if appr	oved. Each vehic	cle registration a	nd insurance card must
match the applicant's name Attac	ch a list if more room is needed.				
Year	Make	Model	Vehicle I.D	. No. (VIN)	Seating Capacity
			7 0111010 1112		g capacity
Please label as Attachmer	nt B				

Section 6: Proposed Colo	or or Design			
·		DelDOT a picture or proposal for	color scheme, insignia, name, or n	nonogram proposed to be
	<u> </u>		rated by other carriers within the san	
	Attached	Does No	ot Apply	
Please label as Attachmer		_	76 TE-7	
Section 7: Driver Informa			! !! 4 !! !!	
Please include a copy of each inc	dividuals driver's license and drivin	g record from the current State o	of residence. Attach a list if more ro	
First Name	Last Name	SSN	Date of Birth	Driver License No. State Issued
	_			
		<u> </u>		
		<u> </u>		
		<u> </u>		
	<u> </u>	<u> </u>		
		<u> </u>		
Please label as Attachmer	nt D			
Ficase label as Attacimis.	II D			
Section 8: Financial Fitne	ess Requirement			
Company of the		al Fitness Requirement		
	tness by providing one of the follow	-	1 1 222 220 from a gualified inc	····· with the
Attached	A letter of intent for General Lia Office of Public Carrier Regulatio		of \$1,000,000 from a qualified insu	Jrance company with the
Attached	A letter of intent to obtain a bonc	d in the amount of \$100,000 fron	m a qualified surety company and n	otarized with the Office of
ALLaCITEU	Public Carrier Regulation listed as		,	
	Description of any nature w	tite the Dublic Corrier properts	and a second second the finance	-1-1 -kiliki provinion Thio
Attached			s as evidence of meeting the finance Regulation and legal counsel of the	
Please label as Attachmer	nt F			
r lease label as Attachmon	IL L			
Section 9: Auto Liability I	Insurance			
	applicant, must be covered by an	nd with a public liability and prop	perty damage policy issued by a ins	urance company licensed
Taxi	Minimum Coverage - Bodily injury	• • • • •	ent	\$25,000
	Minimum Coverage - Per accider			\$10,000 \$30,000
	Minimum Coverage - Personal In	Jury Protection per accident		\$30,000
All Others	Minimum Coverage - Bodily injury	y or death per person, per accide	ent	\$100,000
	Minimum Coverage - Per accider			\$50,000
	Minimum Coverage - Personal In			\$30,000
Please label as Attachme r	Minimum Coverage - Uninsured/Unt F	Jnderinsured		\$1,000,000

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 utilitzation of form.

Please label as **Attachment K**

Section 15: Fixed Route

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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

For Office Use Only	
Reviewer:	_ Date:
Approved for Intervention:	
Yes Intervention Ends:	Intervention Received:
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 i	f 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:	
Comments:	
Approved Docket Number Issued:	
Date Certificate Issued:	