

**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	

## New-Certificate of Public Convenience and Necessity Application

### Section 3: Business Owners, Officers, Directors, Members, Partners

#### Sole Proprietorship Information

Last Name	First Name	Social Security No.	Date of Birth

#### Ownership Information

Complete the following for all shareholders/officer/directors/members/partners. Articles of Incorporation filed with the Delaware Secretary of State must accompany this application for all corporations. The written Partnership Agreement or Limited Partnership filed with the Delaware Secretary of State must accompany this application for all partnerships. Attach a list if more room is needed.

Last Name	First Name	SSN	Date of Birth	% of Ownership

Partner or Corporation Agreements please label as **Attachment A**

### Section 4: Operational Information

Year-Round	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Seasonal	From: _____ To: _____
Hours of Operation	From: _____ To: _____

### Section 5: Vehicle Information

Please submit copies of the registration cards for vehicles already in possession and/or a purchase quotation document from the individual/company you intend to purchase the vehicle(s) and/or letter of intent to purchase the vehicle(s) within 180 days, if approved. Each vehicle registration and insurance card must match the applicant's name. Attach a list if more room is needed.

Year	Make	Model	Vehicle I.D. No. (VIN)	Seating Capacity

Please label as **Attachment B**

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### Section 6: Proposed Color or Design

Applicants applying for Charter Bus, Taxicab rights must file with DeIDOT a picture or proposal for color scheme, insignia, name, or monogram proposed to be permanently affixed to the vehicle so as to not simulate vehicles of special design or markings operated by other carriers within the same local area.

Attached

Does Not Apply

Please label as **Attachment C**

### Section 7: Driver Information

Please include a copy of each individuals driver's license and driving record from the current State of residence. Attach a list if more room is needed.

First Name	Last Name	SSN	Date of Birth	Driver License No. State Issued

Please label as **Attachment D**

### Section 8: Financial Fitness Requirement

#### Financial Fitness Requirement

Company must prove financial fitness by providing one of the following:

- Attached      A letter of intent for General Liability coverage in the amount of \$1,000,000 from a qualified insurance company with the Office of Public Carrier Regulation listed as a Certificate Holder
  
- Attached      A letter of intent to obtain a bond in the amount of \$100,000 from a qualified surety company and notarized with the Office of Public Carrier Regulation listed as the third-party recipient
  
- Attached      Documentation of any nature which the Public Carrier presents as evidence of meeting the financial ability provision. This documentation is subject to review by the Office of Public Carrier Regulation and legal counsel of the Delaware Department of Transportation.

Please label as **Attachment E**

### Section 9: Auto Liability Insurance

The proposed operations, by the applicant, must be covered by and with a public liability and property damage policy issued by a insurance company licensed to conduct business in the State of Delaware.

- Taxi
 

Minimum Coverage - Bodily injury or death per person, per accident	\$25,000
Minimum Coverage - Per accident for property damage	\$10,000
Minimum Coverage - Personal Injury Protection per accident	\$30,000
  
- All Others
 

Minimum Coverage - Bodily injury or death per person, per accident	\$100,000
Minimum Coverage - Per accident for property damage	\$50,000
Minimum Coverage - Personal Injury Protection per accident	\$30,000

Please label as **Attachment F**

## New-Certificate of Public Convenience and Necessity Application

### 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: \_\_\_\_\_