

**Office of Public Carrier
 Delaware Transit Corporation
 119 Lower Beech Street, Wilmington, DE 19805-4440
 (800) 652-3278, Prompt 7, or (302) 577-3278 FAX: (302) 577-1042**

Amend-Certificate of Public Convenience and Necessity Application

Section 1: Type of Operations

Filing Fee \$200.00	Receipt # : _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Docket #:	_____
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
Current # of vehicles	_____ Additional 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 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: 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.

<input type="checkbox"/> 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
<input type="checkbox"/> 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 E**

Section 9: 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 F**

Section 10: 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 G**

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Section 11: 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 H**

Section 12: 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 I**

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

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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: _____