STATE OF MARYLAND

PUBLIC SERVICE COMMISSION

TRANSPORTATION DIVISION

Dear Applicant:

Enclosed is a complete packet of the application materials you must file in order to obtain authority from this Commission to operate as a for-hire passenger carrier in intrastate commerce in Maryland. Please contact us, the Transportation Division, at 410-767-8128 for applications for Passenger-For-Hire driver's licenses, which must be completed and filed by any driver(s) who drive vehicles that transport 15 or fewer passengers.

After you have completed the application forms and gathered the required documentation, you may submit your application by mail to the Transportation Division at the address below. If you have any questions about the application process, please call me at 410-767-8183.

You may not operate as a for-hire passenger carrier until you have received written approval from the Public Service Commission and your drivers who drive for-hire vehicles transporting 15 or less passengers have been licensed by this Commission.

If you plan to operate in the Washington Metropolitan area (Washington, D.C., Montgomery and Prince George's Counties in Maryland, and Arlington and Fairfax Counties in Northern Virginia), you must provide proof that you are authorized to do so by the Washington Metropolitan Area Transit Commission (WMATC). You may contact WMATC at 301-588-5260 for an application and information.

For information regarding the legality of providing alcoholic beverages as part of a transportation service, please contact the Comptroller of Maryland's Alcohol and Tobacco Tax Bureau by telephone at 410-260-7314 or by email at att@comp.state.md.us.

Sincerely,

Barbara Wasiljov

Barbara Wasiljov
Administrative Specialist

INFORMATION NEEDED FOR FILING YOUR APPLICATION TO BECOME A CARRIER

☐ Completed **Application Form.**

☐ If Applicable **Trade Name** – *If you have a trade name*, you must file your trade name with the Maryland Department of Assessments and Taxation (301 W. Preston St., 8th Fl, Baltimore, 410-767-1330 or 1340). OR

☐ If Applicable **Corporation** – *If you are filing as a Corporation*, you must provide a copy of the Articles of Incorporation and a current Certificate of Good Standing obtained from the Maryland Department of Assessments and Taxation (301 W. Preston St., 8th Fl, Baltimore, 410-767-1330 or 1340).

☐ If Applicable **WMATC Certificate Number** - *If you intend* to operate in the Washington metropolitan region (Washington, DC, Montgomery and Prince George's Counties in Maryland, and the two northern counties of Virginia (Arlington and Fairfax) that are contiguous to Washington, DC), you must also apply for authority from the Washington Metropolitan Area Transit Commission (WMATC) and submit PSC a copy of your WMATC Certificate of Authority – Contact Mr. Bill Morrow at (301) 588-5260.

☐ If Applicable **Federal Highway Administration Docket Number (DOT Number)** – If you plan to provide interstate transportation service, contact the Federal Motor Carrier Safety Administration at (800) 832-5660.

☐ A **Certificate of Insurance for Automobile Liability Coverage.**

☐ Evidence of **Workers' Compensation coverage** OR the signed **Exclusion Form - Workers' Compensation Insurance.**

☐ **Rate Sheet** – must include:

- ✓ Name
- ✓ Trade Name (if applicable
- ✓ Company Name (if applicable)
- ✓ Signature of Business Owner
- ✓ Address (street, city, state, zip)
- ✓ Telephone Number
- ✓ Date
- ✓ Rates/fees/charges (clearly explained)

☐ A completed **Passenger Vehicle List** (all for-hire vehicles must be listed).

☐ **Safety Information** – for each vehicle operated:

- ☐ An original Maryland State Inspection Certificate (less than 90 days old), OR
- ☐ If the vehicle is new (less than 5,000), the Bill of Sale and an Odometer Disclosure Certificate or a Certificate of Origin (both sides). OR
- ☐ If the vehicle is designed to transport 16 or more passengers, you may request a PSC inspection by using the **Vehicle Documentation Required** form.

☐ A completed **Vehicle Documentation Required** form.

☐ If Applicable A completed **List of Driver(s) Who Will Drive For- Hire Vehicles Designed to Seat 15 Passengers or Less** – Those driving for-hire vehicles under 15 passengers, a Passenger For-Hire Driver's License is required. Call 410-767-8128 for application forms.

☐ If Applicable A schedule if applying as a Regular Schedule Passenger Carrier. And/or if you intend to transport passengers to and from bingo halls, a list of participating bingo halls and respective rates.

FYIs: All vehicle parts and accessories shall be in safe and proper operating condition at all times. Vehicles must be without interior and exterior damage. Each vehicle must be equipped with a fire extinguisher (minimum rating of 5 BC) and three (3) roadside reflectors and is identified by a distinctive unit number and the name, trade name, or company logo conspicuously displayed.

Your application cannot be processed until all information has been received. Please allow 4-6 weeks for processing.

STATE OF MARYLAND

PUBLIC SERVICE COMMISSION

COMMISSIONERS

W. KEVIN HUGHES
CHAIRMAN

HAROLD D. WILLIAMS
LAWRENCE BRENNER
KELLY SPEAKES-BACKMAN
ANNE E. HOSKINS

TRANSPORTATION DIVISION
WILLIAM DONALD SCHAEFER TOWER
6 ST. PAUL STREET
BALTIMORE, MARYLAND 21202-6806
☎ 410-767-8128 TOLL FREE: 1-800-492-0474

CHRISTOPHER T. KOERMER
DIRECTOR OF TRANSPORTATION

HILARY Y. HAMMERMAN
ASSISTANT DIRECTOR, SAFETY

REGINA C. GEE
ASSISTANT DIRECTOR, ADMINISTRATION

FAX: 410-333-6088

APPLICATION FOR AUTHORITY TO OPERATE AS A CARRIER OF PASSENGERS BY MOTOR VEHICLES IN INTRASTATE COMMERCE IN MARYLAND

1. **PLEASE CHECK TYPE OF AUTHORITY APPLYING FOR:**

☐ CHARTER/CONTRACT PASSENGER CARRIER
Check All That Apply: ☐ Bingo ☐ Bus ☐ Limousine ☐ Sedan ☐ Van

☐ REGULAR SCHEDULE PASSENGER COMMON CARRIER

2. **IDENTIFICATION OF APPLICANT/CARRIER:**

Name: _____
(Individual, Partnership or Corporate Name - if a corporation, the name must be stated exactly as the name under which your corporate charter was granted.)

Trade Name: _____
(Attach copy of trade name registration certificate issued by Maryland Department of Assessments and Taxation)

Business Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____ E-Mail address _____

3. **PLEASE CHECK FORM OF BUSINESS OWNERSHIP AND COMPLETE SECTION IN FULL:**

☐ **CORPORATION** Type the name, address and telephone number of the President, Secretary and Resident Agent (who must be a Maryland Resident). *ALSO, SUBMIT A COPY OF THE ARTICLES OF INCORPORATION (ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY) AND A CURRENT CERTIFICATE OF GOOD STANDING FROM THE MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION.*

President _____ Date of Birth _____ Social Security No. _____

Address _____ Telephone _____

Secretary _____ Date of Birth _____ Social Security No. _____

Address _____ Telephone _____

Resident Agent _____ Telephone _____

Address _____

☐ **PARTNERSHIP** Type the name, address and telephone number of each partner.

Partner _____ Date of Birth _____ Social Security No. _____

Address _____ Telephone _____

Partner _____ Date of Birth _____ Social Security No. _____

Address _____ Telephone _____

☐ **SOLE PROPRIETORSHIP** Type the name, address and telephone number of the sole proprietor.

Name: _____ Date of Birth _____ Social Security No. _____

Address _____ Telephone _____

4. PLEASE PROVIDE YOUR INTERSTATE FEDERAL HIGHWAY ADMINISTRATION DOCKET NUMBER (DOT NUMBER), IF ANY: DOT NUMBER _____

5. PLEASE PROVIDE YOUR WASHINGTON METROPLITAN AREA TRANSIT COMMISSION (WMATC) CERTIFICATE NUMBER, IF ANY WMATC CERTIFICATE NUMBER _____

6. **INSURANCE INFORMATION:**

a. Evidence of Automobile Liability Insurance: Submit an original Certificate of Insurance which includes all information described on the attached list.

b. Evidence of Compliance with Maryland Workers' Compensation Laws:

If you employ drivers, you must provide the policy or binder number _____ and

Name of insurance company _____

OR

If you do not employ drivers, sign the form "Exclusion Form - Workers' Compensation Insurance"

7. **SCHEDULES:**

a. If you are applying as a Charter/Contract Passenger Carrier, you will receive authority to operate to all points and places within Maryland.

b. If you are applying as a Regular Schedule Passenger Carrier, please attach a copy of your schedule.

c. If you intend to operate to bingo halls, please list them below:

8. **RATES:** Attach a signed and dated copy of your rate sheet listing all rates to be charged in Maryland. This rate sheet must also include your name, address and telephone number as shown on this application. Notification of any change in rates must be submitted by written notice 30 days in advance of the change.

9. **VEHICLES TO BE OPERATED:** Complete the attached Passenger Vehicle List, providing all requested information for each vehicle to be used in providing service in intrastate commerce in Maryland.

The Maryland Public Service Commission requires carriers operating under its authority to adhere to the Commission's rules and regulations governing motor carrier companies. (See Sections 9-201 through 9-207, 4-201 through 4-205, and 5-301 through 5-304 of the Public Utility Companies Article of the Annotated Code of Maryland and Code of Maryland Regulations Title 20, Subtitle 95.01.01 through 95.01.19.) The rules and regulations are available on the Commission's website at www.psc.state.md.us. Failure to adhere to Commission requirements could lead to suspension or revocation of your operating authority.

I hereby certify that the information in this application is true, correct and complete. I also hereby certify that I agree to comply with the Commission's regulations that govern passenger carriers.

_____ _____ _____

Signature of Applicant or Representative | Title of Person Signing | Date

_____

Typed Name of Applicant or Representative

INSURANCE REQUIREMENTS

TAXICABS:

The minimum per accident insurance required for each **taxicab** is $25,000 for injury to any one person, $50,000 for injuries to two or more persons, and $15,000 for property damage.

OTHER PASSENGER VEHICLES:

The minimum per accident insurance required for each motor vehicle with a seating capacity of **seven passengers or less** is:

(a) $50,000 for injury to any one person, $100,000 for injuries to two or more persons, and $20,000 for property damage; or
(b) $120,000 combined single limit.

The minimum per accident insurance required for each motor vehicle with a seating capacity of **eight to 15 passengers** is:

(a) $75,000 for injury to any one person, $200,000 for injuries to two or more persons, and $50,000 for property damage; or
(b) $250,000 combined single limit.

The minimum per accident insurance required for each motor vehicle with a seating capacity of **16 passengers or more** is:

(a) $75,000 for injury to any one person, $400,000 for injuries to two or more persons, and $100,000 for property damage; or
(b) $500,000 combined single limit.

CERTIFICATE OF INSURANCE REQUIREMENTS

If insurance is provided by a private insurer, the Certificate must be on an ACORD or other similar form. If insurance is issued by the Maryland Automobile Insurance Fund (MAIF), the Certificate must be on a MAIF form issued directly from MAIF.

All Certificates must include:

1. The name of the insured exactly as it appears on your PSC application, under which your authority was issued;
2. The Public Service Commission as certificate holder;
3. A statement that, in the event of cancellation, your insurer will give you and the PSC ten (10) days written notice;
4. A list of each vehicle covered, identified by year, make and complete VIN number (either typed on the Certificate or on insurance company letterhead);
5. The limits of liability;
6. The effective and expiration dates of the policy;
7. The name and address of the insurance company and agent (both of which must be licensed by the Maryland Department of Labor, Licensing and Regulation); and
8. The printed or typed name and original signature of the person authorized to sign the Certificate of Insurance.

The Code of Maryland Regulations prohibits all vehicles transporting passengers (20.95.01.18) and all taxicabs operating in Baltimore City and Baltimore County (20.90.02.19) and in Hagerstown and Cumberland (20.90.03.17) from being operated unless the vehicles are insured in accordance with the minimum limits listed above.

VEHICLE DOCUMENTATION REQUIRED

1. Safety Information:

a) For each used vehicle (5,000 miles or more on odometer):
An original Maryland State Inspection Certificate dated within the last 90 days.

b) For each new vehicle (less than 5,000 miles on odometer):
A copy of the bill of sale and a copy of the certificate of origin (front and back) may be substituted for the required inspection**.**

C) If the vehicle is designed to transport 16 or more passengers:
You may request a PSC inspection instead of submitting a Maryland State Inspection Certificate. If you wish to schedule a PSC inspection, please provide a phone number and the number of vehicles to be inspected. Inspections will be scheduled *only after* all other required documentation has been submitted and approved.

This is for those vehicles designed to transport 16 or more passengers.

☐ Yes ☐ No Do you need to schedule a PSC inspection?

☐ Yes ☐ No Is a records review required?

Phone: _____ **Number Of Vehicles** _____

2. A Valid Certificate Of Insurance Covering All Vehicle(s) Listed.

PLEASE TYPE OR PRINT LEGIBLY

Applicant/Carrier Name: _____

Business Address: _____

Inspection Address - - If Address Is Different Than Above:

_____

Signature(s) (Authorized Representative): _____

_____

List of Driver(s) Who Will Drive For-Hire Vehicles Designed to Seat 15 Passengers or Less

(Please type or print legibly)

Carrier Name _____

Address _____

Complete the form below and submit it with your completed application packet to:

Public Service Commission
Transportation Division
6 St. Paul Street
Baltimore, Maryland 21202

My for-hire passenger carrier service currently has _____ drivers who operate vehicles with a passenger capacity of 15 or less. These drivers are:

Name	**Passenger-For-Hire Driver's License Number** *(NOT the MVA driver's license #)*

_____
Signature

_____
Title

_____
Telephone Number

Workers' Compensation Insurance Coverage Requirements

Before the Public Service Commission may issue a license or permit to a passenger for-hire transportation business, the Commission must determine whether the business is required to carry workers' compensation insurance for covered employees in accordance with the Labor and Employment Article §9-206 of the Annotated Code of Maryland.

Employee: Every person performing services for remuneration in the course of the business of an employer. This does not include an independent contractor. An employee is a person who: has been selected and engaged; is paid wages; can be dismissed; is subordinate to the employer; and is engaged in the regular work of the employer.

Independent Contractor: One who contracts to perform certain work for another according to his own means and methods; and is free from the control of the employer in all details connected with the performance of the work except as to its product or result.

The most important factor in deciding whether a person is an employee or an independent contractor is whether the employer has the right to control and direct that person in the manner in which the work is done.

The following types of businesses may elect to carry workers' compensation insurance or may elect to be excluded from coverage: (The business type must be exactly as listed and not modified in any way.)

1. Sole Proprietor: The business is a sole proprietorship with no employees and no intent to hire employees.

2. Partnership: The business is a partnership with no employees other than the individual partners.

3. A Maryland Close Corporation: The business is a Maryland Close Corporation with no employees other than the corporate officers.

4. Limited Liability Company: The business is a Limited Liability Company with no employees other than limited liability company members who own at least 20% of the interest in profits of the company.

If your business is one of the above types, you may elect to carry workers' compensation insurance (contact your agent and provide a Certificate of Insurance to the Transportation Division) or you may elect to be excluded from coverage by completing the attached exclusion form and submitting it with your completed application package.

TURN PAGE OVER FOR FORM REQUIRING SIGNATURE
IF APPLICABLE

Exclusion Form - Workers' Compensation Insurance

(Please type or print legibly)

Name of Business or Sole Proprietorship

Names of Owner(s). If a partnership, list each partner's name separately.

Business address City State Zip Code

Mailing Address, if different from above

Phone number FEIN or Social Security Number

The above named business qualifies to be excluded from carrying Workers' Compensation insurance for the following reason: (Check the appropriate box.)

☐ Sole Proprietorship: The business is a sole proprietorship with no employees.

☐ Partnership: The business is a partnership with no employees other than the partners.

☐ Maryland Close Corporation: The business is a Maryland Close Corporation with no employees other than the corporate officers.

☐ Limited liability Company: The business is a Limited Liability Company with no employees other than limited liability company members who own at least 20% of the interest in profits of the company.

Each officer or member wishing to be excluded from Workers' Compensation insurance coverage must sign this document. **NOTE:** By signing this document, each officer or member affirms under penalties of perjury that the information contained in this form is true and correct to best of the officer's or member's knowledge, information, and belief.

Typewritten or printed name of Officer or Member electing exclusion	***% of ownership***	***Personal Signature***

MARYLAND PUBLIC SERVICE COMMISSION
PASSENGER VEHICLE LIST
(This Form Must Be Typewritten)

Name of Applicant: _____

Trade Name, If Any: _____

Local Address: _____
(Street) (City) (State) (Zip)

Address Where Vehicles Will Be Available for PSC Inspection: _____

Local Phone No.: _____ PSC Carrier No.: _____

The vehicles listed on this form are
[ ] Complete Vehicle List (New Carriers Only)
[ ] Vehicle(s) Being Added
[ ] Vehicles(s) Being Deleted (All PSC decals and MVA tag return receipt must be returned with this form

COMMERCIAL TAG NUMBER MUST BE PROVIDED TO THE PSC AS SOON AS TAGS ARE ISSUED BY MVA.

Unit Number	Vehicle Make/Type	Model Year	Vehicle Identification Number (VIN)	Vehicle Owner	Pass. Capacity	State of Reg.	Tag Number	Wheelchair Accessible? (Yes/No)

I hereby certify that every vehicle listed above is equipped with a fire extinguisher (minimum rating of 5 BC) and three roadside reflectors and is identified by a distinctive unit number and the name, trade name, or company logo conspicuously displayed.

AND

I hereby agree not to operate any vehicle in intrastate commerce in Maryland unless it has been registered and approved for use by the Maryland Public Service Commission.

Name _____

Signature _____

Title _____

Date _____

(PSC APPROVAL STAMP)

ISSUE COMMERCIAL TAGS ONLY