



GEORGIA DEPARTMENT OF PUBLIC SAFETY  
MCCD-REGULATORY COMPLIANCE  
P.O. BOX 1456  
ATLANTA, GEORGIA 30371  
Phone: (404) 624-7243  
[www.gamccd.net](http://www.gamccd.net)

## **For-Hire Transportation Service License Application**

This application is for transportation services who partake in the transportation of passengers in the state of Georgia only; as defined by O.C.G.A. §40-1-190- through §40-1-200.

### **INSTRUCTIONS FOR COMPLETION**

Listed below are some brief guidelines for making application to obtain a license to operate passenger carrier services in the state. The Official Code of Georgia Annotated §§40-1-190 through 40-1-200 prescribes the conditions of such licensing. Department of Public Safety Rules and Regulations prescribe guidelines for making application for the use of such license.

1. All paper applications must be mailed to The Department to the address listed on application. **Walk-ins will not be accepted.** \*There is currently a two (2) week processing period for **completed** applications\*
2. Complete and sign application. INCOMPLETE applications will be returned to applicant. **Please type application or print legibly**
3. **The Fee is \$75.00 per Service. \*\*\*\*Application fees are non-refundable\*\*\*\***
4. Applications must be accompanied by a cashier's check, certified check, or money order, made payable to the **Georgia Department of Public Safety** in the appropriate amount. Non-certified funds such as personal checks or business checks will not be accepted. Please do not submit cash.
5. Select the type of transportation service(s) you will be providing. *Please refer to the **"Definitions" Section** enclosed with this application to determine the type of service you will be providing.*
6. All applicable sections of application must be *notarized and signed* by the responsible party.
7. All documentation applicable to applicant's registration and fees will need to be submitted to the Department, in order for registration to become "Active".
8. Drivers, who are registering as a Transportation Referral Services Provider, must submit a copy of their affiliation letter from the company they are currently employed or contracted with.

### **\*\*\*Important Information\*\*\***

This registration ***does not*** cover services that offers Medical or Non-Medical Emergency Transportation, operations that utilize Motor coaches and/or Buses or any other transportation services not defined under O.C.G.A §40-1-190.

Limousine Carriers (as defined in O.C.G.A §40-1-151) are still required to obtain a Limousine Certificate issued by Department. **Class B Limousine Certificate (Form DPS TR0050)**. Limousine Carriers who holds an active certificate, will be considered a **Transportation Referral Services Provider**.



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## DEFINITIONS

### WHAT TYPE OF TRANSPORTATION SERVICE IS MY COMPANY DEFINED AS BY LAW?

**Limousine Carrier:** means any limousine company or provider which is licensed with the state pursuant to paragraph (5) of Code Section 40-1-151. (O.C.G.A. §40-1-192(b)). **Limousine Carriers who hold an active certificate, will be considered a Transportation Referral Services Provider.**

**Ride Share Driver:** means an individual who uses his or her personal passenger car, as defined in paragraph (41) of Code Section 40-1-1, to provide transportation for passengers arranged through a ride share network service's digital network. (O.C.G.A. §40-1-190(3)). **\*\*Ride share drivers are not required to individually register with the Department. \*\***

**Ride Share Network Service:** means any person or entity that uses a digital network or Internet network to connect passengers to ride share drivers-(as defined in O.C.G.A. §40-1-190(3)); for the purpose of prearranged transportation for hire or donation. (O.C.G.A. §40-1-190(4)).

**Taxi service:** means any taxicab company or provider which utilizes a motor vehicle or similar vehicle, device, machine, or conveyance to transport passengers; uses a taximeter; and is registered with the Department of Public Safety and, if applicable, is authorized to provide taxicab services pursuant to an ordinance of a local government in this state. (O.C.G.A. §40-1-1(18)). **ALL taxi companies are required to register with the Department even if the service is currently registered with a county or municipality.**

**Transportation Referral Service:** means any person or entity that books, refers clients to, collects money for, or advertises transportation services provided by a limousine carrier or taxi service by means of a telephone, through cellular telephone software, through the Internet, in person, by written instrument, by any person, or by any other means, and does not own or lease any motor vehicle required to be registered with the Department of Public Safety as a limousine carrier or a taxi service. (O.C.G.A. §40-1-190(7)).

**Transportation Referral Service Provider:** means any person or entity that books, refers clients to, collects money for, or advertises transportation services provided by a limousine carrier or taxi service by means of a telephone, through cellular telephone software, through the Internet, in person, by written instrument, by any person, or by any other means, and owns or leases one or more motor vehicles required to be registered with the Department of Public Safety as a limousine carrier or a local government in this state as a taxi service. (O.C.G.A. §40-1-190(8)).



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For-Hire Transportation Service License Application**

*\*Please indicate the type of transportation service that applies to your business by checking the appropriate box below:*

**Classification:** Ride Share Network  (Company)    Transportation Referral Service  (Company)    Transportation Referral Service Provider  (Driver or Company)    Taxi Service  (Company)

<b>Nature of Application:</b>		New Applicant <input type="checkbox"/>		Updating Information <input type="checkbox"/>		Renewal <input type="checkbox"/>	
<b>Are you providing services as an independent driver or a company?</b>				<b>Are you operating as a:</b>			
Driver <input type="checkbox"/> Company <input type="checkbox"/>				DBA <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
<b>Applicant's Name:</b> <i>(Company's, Owner's or Driver's name)</i>							
<b>Business Name:</b> <i>(If applicant is a driver leave field blank)</i>							
<b>Business Address</b> <i>(physical address)</i>		Street Address					
City:		State:		Zip Code:		County:	
<b>Mailing Address</b> <i>(if different from above)</i>		Street Address:					
City:		State:		Zip Code:		County:	
<b>Business Phone Number:</b>		<b>Fax Number:</b>		<b>Secondary Contact Number:</b>			
<b>Email Address:</b>				<b>Passenger Carrier ID#:</b> <i>(if renewing or updating Information):</i>			
<b>Which For-Hire service are you providing?</b> Limousine Carrier <input type="checkbox"/> Taxi Service <input type="checkbox"/> Not Applicable <input type="checkbox"/>				<b>If you are a Limousine Carrier, please list your Company's MCA#</b> <i>(Your MCA# should only contain numbers):</i>			
<b>Please list the name of Company's officer or representative submitting application <i>(if applicable)</i></b>							
<b>Name:</b>				<b>Title:</b>			



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*If applicant is filing or renewing as an "**Independent Driver**", please fill out the following fields below:*

<b>Driver License #:</b>		<b>Age:</b>
<b>Independent Driver's Vehicle Information</b>		
<b>Make:</b>	<b>Model:</b>	<b>Tag:</b>
<b>VIN:</b>		
<b>Do you own or lease other vehicles for For-Hire Transportation services?</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<i>If "Yes", how many vehicles:</i>
<b>Are you familiar with the insurance requirements related to the type of transportation service or services you will be providing?</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Have you acquired the adequate amount of insurance required by state law for your For-Hire vehicle? <i>If "Yes", Please enclose the declaration page of your insurance policy</i></b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Have you obtained a <u>current</u> "For-Hire" C endorsement-(or chauffeurs endorsement), from the Department of Driver Service (DDS)? <i>If yes, please enclose a copy of your driver license (front and back)</i></b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>If "No" to the question above, have you received a Background Check Certification form from your employer or company? <i>If "yes", please enclose a copy of your Certification form issued by your employer or the company you're contracted with.</i></b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>	

*If applicant is filing or renewing as a "**Company**", please fill out the following fields below*

<b>How many for-hire vehicles do you currently have operating under your company's name in this state?</b>	
<b>Have you certified that all vehicles operating under your company meets the state's requirements given in O.C.G.A. § 40-8-7?</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>How many drivers-(<i>employed or contracted</i>), do you currently have operating under your company in this state?</b>	
<b>Have you confirmed that all drivers-(<i>employed or contracted</i>) operating under your company currently meets the state's requirements given in O.C.G.A. § 40-5-39?</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Are you registered a Corporation (INC.) or Limited Liability Company (LLC.) through Georgia Secretary of State office? <i>If "Yes", please enclose the <u>current</u> year registration for you company. (Please note, that some foreign (out-of-state) entities which do business in Georgia must also file with the Corporations Division)</i></b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Are you familiar with the insurance requirements related to the type of transportation service or services you will be providing</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Have you acquired the adequate amount of insurance required by state law for your For-Hire vehicles? <i>If "Yes", Please enclose a copy of your insurance policy declaration page.</i></b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>If "<u>No</u>" to the question above, have you confirmed that all drivers-(<i>employed or contracted</i>) operating under your company's name has the adequate amount of insurance required by state law?</b>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>



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***Make payments payable to: Department of Public Safety***

- Money Order
- Cashier's Check
- Certified Check

Total Fee Enclosed \$ \_\_\_\_\_

\* NO PERSONAL CHECKS; Checks must be drawn on a U.S. bank

*By executing this affidavit, the undersigned verifies its compliance with the requirements of Article 3 of Chapter 1 of Title 40 of the Official Code of Georgia and states affirmatively that the individual or company is engaged in passenger carrier services. I declare, to the best of my knowledge, the information herein is true, accurate, and complete. By signing this document, you are not only agreeing to the foregoing but certifying that any willful falsification of any information contained herein is grounds for suspension, revocation, or cancellation of license(s) and/or criminal prosecution.*

Sworn to and subscribed to me, \_\_\_\_\_  
(Signature of Applicant or authorized person – **USE BLUE INK**)

\_\_\_\_\_  
(Title - **USE BLUE INK**)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC (**USE BLUE INK** and seal)

My Commission Expires: \_\_\_\_\_