



**GEORGIA DEPARTMENT OF PUBLIC SAFETY
MCCD REGULATIONS COMPLIANCE**

**P.O. BOX 1456
ATLANTA, GEORGIA 30371 (404)
624-7244 OR (404) 624-7243
FAX: (404) 624-7246
www.gamccd.net**

**INSTRUCTION SHEET: APPLICATION FOR CLASS "B" PASSENGER CARRIER
CERTIFICATE**

This certificate allows you to **transport passengers (for hire) and charge per capita (per person)**, between points within Georgia (intrastate).

These are instructions for applying for an "Interim" Certificate or to amend an existing Certificate. The Interim Certificate will be granted (if application is in order and no protests are received) *on a twelve (12) month basis*. A Permanent Certificate will be issued at the end of twelve (12) months based on actual performance.

It will take about six (6) to (8) weeks to process an application from the time DPS receives it, until the time it is approved. A MOTOR CARRIER **CANNOT** OPERATE UNTIL A CERTIFICATE IS RECEIVED FROM THE GEORGIA DEPARTMENT OF PUBLIC SAFETY; to DO OTHERWISE IS A VIOLATION OF GEORGIA LAW.

Also, motor carriers applying for Passenger Certificates and Permits must have their vehicles inspected by DPS before they begin motor carrier operations. This is also an annual requirement.

1. Complete, sign, and have the application notarized;
2. The application must be accompanied by a cashier's check, certified check, or money order, made payable to the Georgia Department of Public Safety in the applicable amount as shown in the fee schedule below. Non certified funds such as company checks and personal checks **are not** accepted. Also, please do not

submit cash. Application fees are determined by the number of vehicles owned

or permanently leased at the time the application is made. Also, advertisement fees authorized by O.C.G.A. 40-1-103 are included in the fee schedule:

- Less than 6 vehicles: \$90.00;
 - 6-15 vehicles: \$165.00
 - Over 15 vehicles: \$215.00
3. If Incorporated attach a copy of the Articles of Incorporation and a copy of the Certificate of Incorporation from the Secretary of State's office.
 4. If a Limited Liability Company, attach a copy of the Articles of Organization and copy of the Certificate of Organization from the Secretary of State's Office.
 5. All owners, partners, and officers must complete the Consent for Background Investigation forms and obtain a statewide background check from their state of residence, and subsequently submit the background reports to the Georgia Department of Public Safety. Said reports can be purchased from your local sheriff department or police departments. NOTE: Georgia Residents must complete a Georgia Crime Information Center (GCIC) background check.
 6. All owners, partners, and officers must submit a current **"Certified"** 3-Year Driver's History Report (MVR) to the Department of Public Safety (DPS) with this application. The **"Certified"** Driver's History Report can be obtained in person from one of the Department of Driver Services (DDS) Customer Service Centers located throughout the state; you may download a copy of the necessary form from our website at www.gamccd.net. Also, a Certified copy of may be ordered online at <http://www.dds.ga.gov/>. Non-certified copies will not be accepted.
 7. File a Passenger Tariff showing all proposed fares, charges, and routes (by county, city or territory). A Passenger Tariff form is included with this application. **YOU DO NOT HAVE TO SUBMIT WITH YOUR APPLICATION.**
 8. Contact the Department of Public Safety to schedule your vehicles for a safety inspection performed by a MCCD officer: **(404) 624-7244**. This is an annual requirement.
 9. Attend a training class on the laws of Georgia and the rules and regulations of the Georgia Department of Public Safety. Upon receipt of your application, you will receive a date, time, and place of this training.
 10. If the passenger capacity of the vehicle is 16 or more including the driver, operators must obtain a Commercial Driver's License (CDL) with a Passenger endorsement from the Department of Driver Services (DDS). The telephone number is: (678) 413-8400. Email: <http://www.dds.ga.gov/Commercial/index.aspx>
 11. If you are operating solely within the state of Georgia (not crossing state lines) with vehicles in excess of 10,000 lbs., Gross Vehicle Weight Rating (GVWR), you must also obtain a Georgia USDOT Number from the Federal Motor Carrier Safety Administration; <http://www.fmcsa.dot.gov>. The telephone number

is: (855) 406-5221 OR (678) 284-5130. The specific form required to obtain a Georgia USDOT Number is the MCS-150 (Motor Carrier Identification Number) form. This form may be obtained

here: http://dps.georgia.gov/00/channel_title/0,2094,5635600_54361307,00.html

12. If you are operating solely within Georgia you must register your vehicles under the **Georgia Intrastate Motor Carrier (GIMC)** Program with the Georgia Department of Public Safety. You may register online at this <http://www.gamccd.net>
13. If you plan to operate across state lines, instead of registering under the GIMC Program, you must register under the Unified Carrier Registration (UCR) Program. You can register online at this link: <http://www.ucr.in.gov>
14. Have your insurance company submit a Form E (Commercial Liability & Property Damage Insurance), to the Georgia Department of Public Safety. The forms may be mailed to the Georgia Department of Public Safety, MCCD Regulations Compliance, P.O. Box 1456, Atlanta, Georgia 30371, or faxed to DPS at 404-624-7246.
15. Provide proof of compliance with Georgia's Worker's Compensation laws, if applicable.
16. Note: You must obtain Commercial Liability/Property damage insurance for your vehicles at the prescribed minimum limits listed below:

INSURANCE REQUIREMENTS

Vehicle Seating Capacity	Limit for bodily injury to or death of one person	Limit of bodily injuries to or death of <u>all</u> persons injured or killed in any one accident (subject to a maximum of \$100,000 for bodily injuries or death of one person)	Limit for loss or damage in any one accident to property of others (Excluding cargo)
12 Passenger Capacity or less	\$100,000	\$300,000	\$50,000
Over 12 Passenger Capacity	\$100,000	\$500,000	\$50,000

Contact the Georgia Department of Public Safety, MCCD Regulations Compliance if you have any questions: (404) 624-7243 or (404) 624-7244.

Notify the Georgia Department of Public Safety, MCCD Regulations Compliance Section in writing when adding vehicles to your fleet. Provide name of company, type of vehicle, Vehicle Identification Number (VIN), passenger capacity, and how you will be charging your customers. Also contact your insurance company and request submission of the Accord Certificate of Liability and vehicle declaration page to verify that the vehicle(s) has been added to your commercial liability and property damage insurance. These forms may be mailed to the address on the first page of the application, or faxed to (404) 624-7246, MCCD Regulations Compliance Section.

Notify the Georgia Department of Public Safety in writing for change of address or business telephone number. Also, contact same for proper procedures on changing the name of your company.



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Please Read & Be Advised:

**PROHIBITION AGAINST CONSUMPTION OF ALCOHOLIC BEVERAGES BY
PERSONS UNDER THE AGE OF 21:**

The Georgia Department of Public Safety wishes to provide all carriers and drivers with the following important information. It is illegal for persons under the age of 21 to consume alcohol while being transported by a carrier. (Ref: OCGA 40-1-160).

Pursuant to O.C.G.A. § 3-3-23, it is illegal to furnish alcoholic beverages to persons under the age of 21. Passenger carriers are required to comply with the following statutes:

O.C.G.A. § 3-3-23(a): Except as otherwise authorized by law:

(1) No person knowingly, directly or through another person, shall furnish, cause to be furnished, or permit any person in such person's employ to furnish any alcoholic beverage to any person under 21 years of age...;

(h) In any case where a reasonable or prudent person could reasonably be in doubt as to whether or not the person to whom an alcoholic beverage is to be sold or otherwise furnished is actually 21 years of age or older, it shall be the duty of the person selling or otherwise furnishing such alcoholic beverage to request to see and to be furnished with proper identification as provided for in subsection (d) of this Code section in order to verify the age of such person.

Failing to adhere to this prohibition by any certificated or permitted carrier may result criminal prosecution and/or civil penalties. Additionally, carriers violating this provision may have their Certificates and/or Permits revoked by the Department.



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APPLICATION FOR CLASS "B" INTERIM CERTIFICATE TO OPERATE AS A Passenger carrier within the State of Georgia in the transportation of passengers and their baggage hereinafter set forth, in intrastate commerce. Please type application or print legibly.

Applicant's Legal Name <i>(Your Name)</i>							
DBA Name <i>(If applicable)</i>							
Carrier Name <i>(as it appears on insurance filings)</i>							
USDOT or GA DOT Number				Email Address			
Business Address <i>(physical address)</i>							
City		County		State		Zip Code	
Mailing Address <i>(if different from above)</i>							
City		County		State		Zip Code	
Business Telephone Number				Business Fax Number			
Cell Phone Number				Other Phone Number			
Are you a citizen of the United States?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<i>If "No," you must provide federal documentation, verified by the U.S. Department of Homeland Security, of your lawful presence in the U.S. under federal immigration law.</i>							

APPLICANT REPRESENTATIVE'S INFORMATION

(To whom inquiries may be made. If you are representing yourself, place your name and address here)

Name									
Street Address									
City		County		State		Zip Code			
Business Phone Number						Business Fax Number			
Cell Phone Number						Email Address			

Application is hereby made on the basis of statements hereinafter set forth for a Certificate to operate as a motor carrier, for hire, transporting passengers and their baggage in intrastate commerce in Georgia.

Section One: Organization

Application is for: INDIVIDUAL CORPORATION PARTNERSHIP LLC

Actual State of Incorporation: _____

If a corporation, complete information below and attach a copy of certificate and articles of incorporation or organization from the Secretary of State or other agency in state where incorporated which shows approval of corporate name, directors, and stockholders.

NAMES AND ADDRESSES OF OFFICERS

President		Address	
Vice President		Address	
Treasurer		Address	
Secretary		Address	

If applicant is a partnership, or association, designate a partner or an officer who will serve as the main contact person for all matters related to the transportation of passengers.

Name		Address	
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If applicant is a non-resident of Georgia, give the following information of a process agent or Attorney in Fact in the State upon whom process may be served in any suit instituted against applicant:

Name & Title					
Street Address					
City		State		Zip Code	
Business Telephone Number			Business Fax Number		
Cell Phone Number		Email Address			
Does applicant understand that he will be required to maintain commercial liability and property damage insurance in the amounts prescribed by the Georgia Department of Public Safety?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant certify that he/she is in compliance with the Worker's Compensation laws of this state?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Give the number of vehicles owned or permanently leased based in Georgia or elsewhere by applicant on the date of this application; list passenger capacity of each separately, if different:

TYPE	TOTAL NUMBER	PASSENGER CAPACITY OF EACH
Sport Utility Vehicle (Extended)		
Van		
Bus		
Mini-Bus		
Other: (list)		
Other: (list)		

NOTE: Notify MCD Regulations Compliance whenever you add additional vehicles to your fleet

Give address in Georgia where copies of invoices, business records, etc., will be maintained (housed):

Street Address					
City		State		Zip Code	
Is the Above Address your Residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 3: FINANCIAL STATEMENT

Applicant represents that he/she is financially able to furnish the service proposed in this application and attaches hereto copies of the most recent balance sheet, income and expense statement. If applicant has no such financial statements, personal assets may be used, but please provide documentation (e.g. real estate bill, mortgage statements vehicle titles and bank statements showing liabilities and value of property owned:

ASSETS

Real Estate (Value)	\$
Personal Property (Value)	\$
Plant & Equipment (Value)	\$
Cash & Deposits	\$
TOTAL	\$

LIABILITIES

Capital Stock	\$
Equipment	\$
Judgments	\$
All Other Liabilities	\$
TOTAL	\$

NET WORTH* (Total Assets minus Total Liabilities)	\$
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*Minimum of \$50,000 is REQUIRED for Approval; personal assets may also be used.

COMMENTS

SECTION FOUR: HISTORY

<p>Is applicant familiar with the rules and regulations of the Georgia Department of Public Safety, which govern the operation of motor vehicles for hire, including the DPS's commercial vehicle & hazardous materials safety rules and regulations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If the answer to the above question is "NO," does the applicant agree to obtain a copy of these rules, familiarize himself/herself with same, and operate safely in accordance therewith?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Prior to this application, has applicant been declared "Bankrupt" in Federal Bankruptcy Court?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes" give a brief description below of declaration and attach copies of court documents</p>	
<p> </p>	
<p> </p>	
<p> </p>	
<p>Prior to this application, has applicant paid any fines or been convicted of any offense(s) relating to the operation of motor vehicles or trucks?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes" give a brief statement below describing the incidents (most recent first)</p>	
<p> </p>	
<p> </p>	
<p> </p>	

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ day of _____
 20_____

(Title)

(Telephone Number)

 Notary Signature: (Use *Blue Ink & Seal*)

My Commission expires: _____

**AFFADAVIT
IN SUPPORT OF INTERIM CERTIFICATE**

Carrier Name <i>(Person completing Affidavit)</i>					
Street Address					
City		State		Zip Code	
Title of Person completing Affidavit					
Responsibilities with the Company					
What experience do you have in the type of business you are applying for authority to conduct?					
Insurance Coverage (Mileage Radius Your Insurance Covers)					

I understand that this application is for an “Interim” Certificate and that my permanent Certificate will not be issued for twelve (12) months. I understand that my performance during this “Interim” period be the basis for the issuance of the permanent Certificate. I further agree to abide by all DPS rules and regulations, if this authority is granted.

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ **day of** _____
20 _____ _____
(Title)

(Telephone Number)

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____

PAST BUSINESS PRACTICE DISCLOSURE

Applicants for certificates or permits must disclose all current or past business associations or affiliations with any other DPS regulated entity within the past 3 years. For example such relationships may be through actual ownership, partnership, percentage of stock ownership, a management position, or serving as a corporate officer in such regulated entity. Applicants must also disclose the company name, address, and USDOT number of all such associations or affiliations.

In considering the aforementioned, have you been served in a management, partnership, or corporate officer position in the household goods, passenger carrier, limo carrier, or non-consensual towing companies? **Yes** **No** (if yes disclose all details of your affiliation below. Add as many pages as needed. Attach to application:

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ **day of** _____
20 _____ _____
(Title)

(Telephone Number)

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____

STATEMENT OF SAFETY AWARENESS

AND

AND CERTIFYING IDENTIFICATION MARKINGS OF VEHICLES

I do hereby CERTIFY knowledge of the applicable Department of Public Safety rules, regulations, standards, and orders, as well as other applicable Georgia laws, and declare that all operations will be conducted in compliance with such requirements.

I further CERTIFY that all vehicles operated under the authority granted by the Georgia Department of Public Safety will be durably marked on both sides of the body or cab of the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of fifty (50) feet during daylight hours while the vehicle is stationary, with the name of the motor carrier and the USDOT number. For intrastate (operating solely within Georgia) carriers see the Georgia Department of Public Safety Rulebook, Chapter 1 (1-390.21(h)); for carriers operating in interstate (cross state lines) commerce, see Title 49, CFR 390.21.

Example:

Harrison Bus Co, Inc.
USDOT 000000 GA

*Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)*

*This _____ day of _____
20_____

(Title)

(Telephone Number)*

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____



APPLICANTS APPLYING FOR INTRASTATE AUTHORITY

Georgia Department of Public Safety
MCCD Regulations Compliance P.O.
Box 1456
Atlanta, GA 30371
(404) 624-7244 or (404) 624-7243
www.gamccd.net

CONSENT FOR (NCIC) BACKGROUND INVESTIGATION

- Complete, sign, and have this form notarized;
- Present to local police or sheriff's department and request a background check report;
- Once you receive the results of the GCIC background check, attach the report to this form and mail to the attention of MCCD Regulations Compliance Section, at the above address.

<i>(DPS use only)</i> FILE Number		<i>(DPS use only)</i> Date Received	
<i>(DPS use only)</i> Permit Number		<i>(DPS Use only)</i> Background	
Name (Last, First, Middle)			
Date Of Birth (month, day, year)		Male or Female	
Drivers License Number		Social Security Number	
State of Issue		Date of Issue	
Do you hold any other drivers licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so list license numbers & states	
Current Street Address			
City		State	Zip Code
Phone Number		Email Address	
Company Name			
Company Address			
City		State	Zip Code
Phone Number		Email Address	

O.C.G.A. §40-1-153 requires each owner, partner and officers of corporations to provide the information contained herein. Providing false statements and information is a crime and will disqualify your application from being approved.

I hereby apply to the Georgia Department of Public Safety for a Certificate or Permit to operate a motor carrier company. I understand that my criminal and driver histories will be investigated, and hereby give my consent for the Georgia Department of Public Safety to conduct whatever investigations necessary to determine my eligibility to apply for and hold a Certificate or Permit. I understand that false, misleading, or incomplete information given in my application or on this Consent Form may result in denial, cancellation, suspension, revocation, of my Certificate or Permit, as well as criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith are complete, true, and correct.

Have you ever been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any felony as such violation or violations are related to the operation of a motor vehicle? Yes No

Subscribed & Sworn before me, _____
(Signature of Applicant or authorized person – USE BLUE INK)

This _____ **day of** _____
20 _____

(Title)

(Telephone Number)

Notary Signature: (Use Blue Ink & Seal)

My Commission expires: _____

TARIFF OF

Company Name	
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**CLASS B PASSENGER CERTIFICATE
PASSENGER TARIFF
NAMING RATES FOR THE TRANSPORTATION OF
PASSENGERS AND THEIR BAGGAGE**

NOTE: This tariff is applicable only on intrastate traffic, i.e. traffic having origin, destination and entire transportation within the State of Georgia as authorized under the Georgia Department of Public Safety Class "B" Certificates as shown herein.			
ISSUED		EFFECTIVE	

ISSUED BY:

Company Name					
Address					
City		State		Zip Code	
Telephone Number			FAX Number		
Email Address					

Company Name	
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<p>SECTION 1</p> <p>RULES AND REGULATIONS</p>

ITEM 60

<p>OBJECTIONABLE PERSONS</p>
<p>Carrier reserves the right to refuse to transport a person or persons under the influence of Intoxicating beverages or drugs, or who is incapable of taking care of himself or herself, or whose conduct is such, or likely to be such, to make him or her objectionable to other passengers.</p>

<p>This rule allows for special consideration to persons who are ill and/or are accompanied by an attendant or nurse</p>
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ITEM 70

<p>BAGGAGE</p>
<ol style="list-style-type: none"> 1. Except as otherwise provided in Paragraph (b) of this rule, baggage will be checked, transported and stored in accordance with OCGA 40-1-120 and DPS Rule 515-16-7-.05. 2. Carrier shall not be liable for any loss or damage to a passenger's baggage unless proximately caused by its own negligence. In the event of such loss or damage, carrier's liability shall be limited to the actual fair market value of the baggage at the time and place of loss, and its liability to one passenger in such an event shall never exceed Two Hundred Fifty Dollars (\$250.00), regardless of the number of pieces of baggage carried by the passenger.

ITEM 80

<p>CLAIMS</p>
<ol style="list-style-type: none"> 1. Carrier will not be liable for a delay caused by accidents, breakdowns, conditions of the road, or other conditions beyond its control and does not guarantee to arrive at or depart from any point at a specific time. Information furnished as to the time of arrival at or departure from any point is based on reasonable estimates, is not guaranteed, and is subject to change. 2. ALL claims for damages of whatever character must be filed in writing as prescribed by law at the offices of carrier and must be processed to completion within ninety (90) days after filed in writing with carrier.

Company Name	
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Section 2

RATES AND CHARGES

ITEM 110

COST PER PASSENGER

ONE WAY: ADULT PASSENGER FARE

FROM	TO	COST
		\$0.00 Each
		\$0.00 Each

ROUND TRIP: ADULT PASSENGER FARE

FROM	TO	COST
		\$0.00 Each
		\$0.00 Each

ONE WAY: CHILD PASSENGER FARE-BETWEEN

AGE OF CHILD	COST
Six (6) years or older	\$0.00
Under (6) years	No charge when accompanied by an adult

ROUND TRIP: CHILD FARE -----> COST	\$0.00
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ITEM 120

OTHER RATES

\$0.00 ALL Trips of 30 miles or less
\$0.00 per mile for all miles operated from passenger's point of origin to passenger's destination in excess of _____ miles in addition to rate listed above



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Effective July 1, 2012, the Georgia Motor Carrier Act of 2012 (HB 865) transferred responsibility for regulation, certification, permitting, and enforcement of laws, rules, and regulations governing household goods movers, passenger carriers (motor coaches & buses), luxury limousine carriers, and non-consensual towing operations from the Georgia Public Service Commission to the Georgia Department of Public Safety.

The Department of Public Safety is primarily a law enforcement organization, and we encourage all motor carriers and drivers to comply with the Rules and Regulations of the Department, as well as Georgia law. Those who choose to operate illegally may face both criminal and civil penalties for non-compliance.

The Department is firmly committed to fair economic practices and the safe operation of motor vehicles. Under current Georgia law, motor carriers engaging in the intrastate (within Georgia) transportation of household goods and passengers are required to possess Certificates or Permits issued by the Georgia Department of Public Safety (DPS).

Additionally, limousine carriers and non-consensual tow operations are also required to possess Certificates or Permits issued by the DPS. Furthermore, drivers of luxury limousines and limousine carrier vehicles must have a "Chauffer's" endorsement on their driver's license, which is issued by the Georgia Department of Driver Services (DDS).

The Department recommends that ALL motor carriers provide a current and valid **email address**. Doing so, will facilitate communication between you and the Department, and in the long term, may save you money by providing a mechanism for us to immediately notify you of law or rule changes, new educational opportunities, and basic procedural changes within DPS. Email addresses can be obtained free of charge from your internet provider, or from many of the popular search engines on the Web.

DPS offers various outreach and educational opportunities to aid motor carriers in the proper registration and safe operation of motor vehicles. Please visit our website at www.gamccd.net for further information. At our website you will find links to rules, regulations, laws, and various educational documents and forms.