



**GEORGIA DEPARTMENT OF PUBLIC SAFETY  
MCCD, REGULATIONS COMPLIANCE  
P.O. Box 1456  
ATLANTA, GEORGIA 30371 (404)  
624-7244 OR (404) 624-7243  
[www.gamccd.net](http://www.gamccd.net)**

**APPLICATION FOR A PASSENGER PERMIT (CHARTER OPERATIONS)**

This permit allows you to **transport passengers** and **charge per vehicle, flat rate, or hourly (charter service)**.

These are instructions for applying for a Passenger Permit.

It will take about nine (9) to twelve (12) weeks to process an application from the time DPS receives it, until the time it is approved. **MOTOR CARRIER CANNOT OPERATE UNTIL A PERMIT IS RECEIVED FROM DPS; 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, for the amount of **\$75.00** made payable to the Georgia Department of Public Safety. Non certified funds such as company checks and personal checks **are not** accepted. Also, please do not submit cash.
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. 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.ga.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 here: [http://dps.georgia.gov/00/channel\\_title/0,2094,5635600\\_54361307,00.html](http://dps.georgia.gov/00/channel_title/0,2094,5635600_54361307,00.html)
7. 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 can register online at: <https://www.gamccd.net>
8. 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>
9. 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.
10. Provide proof of compliance with Georgia's Worker's Compensation laws, if applicable
11. 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.
12. Contact the Department of Public Safety to schedule your vehicles for a safety inspection performed by a MCCD officer at (404) 624-7244. This is an annual requirement for passenger carriers.
13. 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](http://www.gamccd.net). Also, a Certified copy of may be ordered online at <http://www.dds.ga.gov/>. **Non-certified copies of the MVR will not be accepted.**

**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.

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

***See Next Page***



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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 A PASSENGER PERMIT TO OPERATE AS A PASSENGER CARRIER (Charter)**  
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.

<b>Applicant's Legal Name</b> <i>(Your Name)</i>							
<b>DBA Name</b> <i>(If applicable)</i>							
<b>Company Name</b> (as it appears on insurance filings)							
<b>USDOT or GA DOT Number</b>				<b>Email Address</b>			
<b>Business Address</b> (physical address)							
<b>City</b>		<b>County</b>		<b>State</b>		<b>Zip Code</b>	
<b>Mailing Address</b> (if different from above)							
<b>City</b>		<b>County</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Telephone Number</b>				<b>Business Fax Number</b>			
<b>Cell Phone Number</b>				<b>Other Phone Number</b>			
<b>Are you a citizen of the United States?</b>		<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, enter name and address here)

<b>Name</b>							
<b>Street Address</b>							
<b>City</b>		<b>County</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Phone Number</b>				<b>Business Fax Number</b>			
<b>Cell Phone Number</b>				<b>Email Address</b>			

Application is hereby made on the basis of statements hereinafter set forth for a PERMIT 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**

<b>President</b>		<b>Address</b>	
<b>Vice President</b>		<b>Address</b>	
<b>Treasurer</b>		<b>Address</b>	

<b>Secretary</b>		<b>Address</b>	

*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.*

<b>Name</b>		<b>Address</b>	
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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:

<b>Name &amp; Title</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Business Telephone Number</b>			<b>Business Fax Number</b>		
<b>Cell Phone Number</b>			<b>Email Address</b>		
<b>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?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does applicant certify that he/she is in compliance with the Worker's Compensation laws of this state?</b>				<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:*

<b>TYPE</b>	<b>TOTAL NUMBER</b>	<b>PASSENGER CAPACITY OF EACH</b>
<b>Sport Utility Vehicle (Extended)</b>		
<b>Van</b>		
<b>Bus</b>		

<b>Mini-Bus</b>		
<b>Other:</b> (list)		
<b>Other:</b> (list)		

**NOTE: Notify MCCD 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):*

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



# VEHICLE LIST

PLEASE RECORD INFORMATION FOR ALL VEHICLES, INCLUDING TRAILERS, UTILIZED UNDER AUTHORITY GRANTED BY THE DEPARTMENT OF PUBLIC SAFETY. NOTE: IF A VEHICLE IS NOT ON THIS LIST IT IS NOT AUTHORIZED FOR USE UNDER THE AUTHORITY GRANTED.

Vehicle Type	Unit Number	Vehicle Identification Number	Year & Make Of Vehicle

**Vehicle Type:** Enter as applicable: Motor coach, bus, shuttle, van, limo, sedan, truck, tractor, trailer, etc.

**SECTION TWO: SERVICE PROPOSED**

<b>Does applicant plan to render regular and continuous service and undertake to carry and hold himself/herself out as ready and willing to transport passengers for hire, which he/she is authorized to carry?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The City where Base of Operation will be established</b>	

**Describe the territory in which the applicant proposes to operate. This may be done in terms of a base point and mileage radius (Example: 75 Miles of Atlanta, Georgia)**


***SEE NEXT PAGE***

**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**

<b>Real Estate (Value)</b>	<b>\$</b>
<b>Personal Property (Value)</b>	<b>\$</b>
<b>Plant &amp; Equipment (Value)</b>	<b>\$</b>
<b>Cash &amp; Deposits</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

**LIABILITIES**

<b>Capital Stock</b>	<b>\$</b>
<b>Equipment</b>	<b>\$</b>
<b>Judgments</b>	<b>\$</b>
<b>All Other Liabilities</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

<b>NET WORTH*</b> <b>(Total Assets minus Total Liabilities)</b>	<b>\$</b>
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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 &amp; 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><b>If "Yes" give a brief description below of declaration and attach copies of court documents</b></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><b>If "Yes" give a brief statement below describing the incidents (most recent first)</b></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**

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

I understand that this application is for PASSENGER PERMIT. I understand that I must always utilize safe vehicles and use safe, responsible drivers to transport passengers. 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:**

<p><b>Harrison Bus Co, Inc.</b></p> <p><b>USDOT 000000 GA</b></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:* \_\_\_\_\_



**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) 624-7241

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



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:** \_\_\_\_\_



**Georgia Department of Public Safety  
MCCD, Regulations Compliance P.O.  
Box 1456  
Atlanta, Georgia 30371  
(404) 624-7244**

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 Georgia 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 us with 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.

The Georgia Department of Public Safety 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 [dps.georgia.gov](http://dps.georgia.gov) for further information. At our website you will find links to rules, regulations, laws, and various educational documents and forms.