



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

APPLICATION

FOR

CLASS "B" LIMOUSINE CARRIER CERTIFICATE

This certificate allows you to transport passengers as a Limousine Carrier as defined by OCGA §40-1-154 (5) in intrastate (Georgia only) commerce. Limousine Carriers are prohibited from charging Per Capita (per person) rates as specified by OCGA §40-1-154 (5) (H). Limousine carriers may only charge flat rate, charter, or hourly rates.
Limousine carriers cannot charge per capita (per person) rates.

NOTE: Limousine carrier vehicles that seat more than 8 passengers including the driver, OR have a Gross Vehicle Weight Rating (GVWR) in excess of 10,000 pounds, are considered "Commercial Motor Vehicles" as defined by OCGA §40-1-1.

These are instructions for applying for an "Interim" Limousine Carrier 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 may take about nine (9) to twelve (12) weeks to process an application from the time DPS receives it, until the time it is approved. **CARRIER CANNOT OPERATE UNTIL A CERTIFICATE IS RECEIVED FROM THE GEORGIA DEPARTMENT OF PUBLIC SAFETY; to DO OTHERWISE IS A VIOLATION OF GEORGIA LAW.**

INSTRUCTIONS FOR COMPLETION

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 or 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 (LLC), 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 of the MVR will not be accepted.**
7. Contact the Department of Public Safety to schedule your vehicles for a DPS safety inspection performed by a MCCD officer: **(404) 624-7244**. This is an annual requirement, and as such must be performed each year.

8. 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.
9. After receiving your Class B Limousine Carrier Certificate, all drivers must obtain a “Chauffer” endorsement from the Department of Driver Services (DDS) in accordance with OCGA §40-5-39. The telephone number of DDS: (678) 413-8474; or email: <http://www.dds.ga.gov>
10. In addition to the Chauffer’s endorsement, 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 (P) endorsement from the Department of Driver Services (DDS). The telephone number is: (678) 413-8400. <http://www.dds.ga.gov/Commercial/index.aspx>
11. If you are operating solely within the state of Georgia (not crossing state lines) utilizing vehicles with a capacity to seat more than 8 passengers (including the driver) you must also obtain a Georgia USDOT Number from the Federal Motor Carrier Safety Administration. 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) This form may be obtained from the Federal Motor Carrier Safety Administration’s website At <http://www.fmcsa.dot.gov>
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 can register online here: <https://www.gamccd.net>.

If you plan to operate across state lines (interstate), instead of registering under GIMC, you must register under the Unified Carrier Registration (UCR) Program. You can register for UCR online here: <https://www.fmcsa.dot.gov>. Attach a copy of the GIMC or UCR registration document to this application.
13. 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. **NOTE:** You must obtain Commercial Liability/Property damage insurance for your vehicles at the prescribed minimum limits listed in the table below:

INSURANCE REQUIREMENTS (OCGA §40-1-166)

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) 624-7244 or (404) 624-7243. Our FAX number is (404) 624-7246. Our website is: www.gamccd.net. Also, please visit our DPS website at www.dps.ga.gov.

14. Provide proof of compliance with Georgia’s Worker’s Compensation laws, if applicable.



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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 **suspended or revoked** by the Department.



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APPLICATION FOR CLASS "B" INTERIM CERTIFICATE TO OPERATE as a LIMOUSINE 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.

Applicant's Legal Name <i>(Your Name)</i>							
DBA Name <i>(If applicable)</i>							
Company 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
Limousine (regular & extended)		
Sedan (regular & extended)		
Sport Utility Vehicle (regular & extended)		
Van		
Bus		
Other: (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):

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

SECTION TWO: SERVICE PROPOSED

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The City where Base of Operation will be established	

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

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 IN ASSESTS 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 shall have affixed to the center of the front bumper of each certified vehicle a standard size License Plate bearing the minimum following information, as required by O.C.G.A. §40-1-167: Limousine Carrier Name, City & State of principal place of domicile, company telephone number, and DPS MCA or USDOT number, (see examples below):

Examples of Limousine Carrier Markings

Lightweight Commercial Motor Vehicles

(8 or less passengers, including driver)

Luke Luxury Limousines, Inc.
Atlanta, GA
229-000-0000
MCA # *****

Commercial Motor Vehicles

(More than 8 passengers, including driver)

Luke Luxury Limousines, Inc.
Atlanta, GA
229-000-0000
USDOT # ***** GA

***Note: Lightweight Commercial Motor Vehicles and Commercial Motor Vehicles are defined in OCGA §40-1-1.**

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.
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Atlanta, GA 30371
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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.

(DPS use only) FILE Number		(DPS use only) Date Received	
(DPS use only) Permit Number		DPS Use only) 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: _____



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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 Act also specifies that it is the duty of the Department of Public Safety to regulate the safety of limousine carriers with respect to the safety of equipment. Subsequently, safety and mechanical inspections must be performed annually for each vehicle owned or operated by a limousine carrier. Such inspections must be performed by a qualified mechanic.

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 www.gamccd.net for further information. At our website you will find links to rules, regulations, laws, and various educational documents and forms.