



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF PUBLIC UTILITIES AND CARRIERS

Motor Carriers Section

89 Jefferson Blvd.
Warwick, R.I. 02888
(401) 941-4500

FAX (401) 941-9161

****IMPORTANT NOTICE****

All applications must be accompanied by a photocopy of the driver's license for all principals in the application. That includes all individual applicants and all principals in applicant corporations, Limited Liability Companies (LLC) and Limited Liability Partnerships (LLP).

Please be advised that incomplete applications (including those without all required photocopies of driver's licenses) will be returned to the applicant unprocessed.

**STATE OF RHODE ISLAND
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MOTOR CARRIERS DIVISION**

89 JEFFERSON BOULEVARD
WARWICK, RHODE ISLAND 02888

Tele: 941-4500

Fax: 941-9161

www.RIPUC.org

Any Applicant seeking authority to operate within Rhode Island as a common carrier must complete and file an application with the Motor Carriers Section of the Division. Applicants seeking authority to operate must submit \$250.00 at the time of filing (check or money orders only; no cash accepted).

Upon receipt of a complete application, the Clerk of the Motor Carriers Division will schedule a public hearing. The Applicant will receive direct notice, by first class mail, of the hearing date. In addition, the time and date of the scheduled hearing will be published in the legal notices section of the Providence Journal. The notice will be published at least ten (10) days before the scheduled hearing.

Hearings will only be continued for good cause and with the approval of the Hearing Officer.

An applicant wishing to withdraw an application must do so, in writing, at least seven (7) days prior to the scheduled hearing, by sending such request to the Clerk of the Motor Carriers Division.

For an application to be approved, the Applicant must prove, at the hearing, that it is fit, willing and able to perform the services for which it is seeking operating authority.

An Applicant seeking to transfer a certificate of operating authority must also prove that the Transferor has been actively operating under its certificate for the past one hundred and eighty (180) days.

An Applicant seeking to transfer a certificate of operating authority must also prove that the Transferor has been actively operating under its certificate for the past sixty (60) days. In the case of taxicabs or limited public motor vehicles, this requirement is even more stringent - the Applicant must prove that the Transferor has been actively operating under its certificate for the past six (6) months.

(NOTE: An example of such proof would be, for property carriers, representative bills of lading for the aforementioned 60-day timeframe, or, for taxicabs and LPMVs, representative driver of dispatch logs for the aforementioned 180-day period.)

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If your application to transfer operating authority is approved:

An Order will be issued by the Division directing the Applicant to comply with several terms and conditions before a certificate is issued.

Generally, the Order will give the Applicant sixty (60) days to fulfill these terms and conditions.

At the minimum, they are:

- 1) Have each vehicle that will be used in the operation visually inspected by a Motor Carriers Division Compliance Officer and then register it with the Motor Carriers Division of the DPUC
 - \$20.00 fee per vehicle
- 2) File proof of insurance with the Motor Carriers Division of the DPUC
 - \$10.00
- 3) File tariff with the Motor Carriers Division of the DPUC
 - No fee is imposed if the Applicant is simply "signing on" to a tariff established for the entire industry
 - \$50.00 fee if the tariff requires investigation and issuance of a Division Order

The Hearing Officer may impose additional requirements which will be set forth in the individual Order which is issued relating to your Application.

**REQUEST FOR AUTHORITY TO TRANSFER TAXICAB OR
LIMITED PUBLIC MOTOR VEHICLE CERTIFICATE**

APPLICATION # _____ DOCKET # _____

CHECK/MONEY ORDER # _____ ISSUING BANK _____

*****(above is for office use only)*****

Taxicabs and Limited Public Motor Vehicles are governed by R.I. Gen. Laws Chapter 39-14 and the Division's Rules and Regulations Governing Transportation of Passengers via Taxicab and Limited Public Motor Vehicle. The Transferor must prove that it has been **actively providing** the transportation services authorized under this certificate during the **six (6) months preceding** filing of this application. The Transferee must prove that it is **fit, willing and able** to perform the services authorized under this certificate.

1. **TRANSFEROR:** _____

Business Address: _____

Mailing Address: _____

Telephone number: _____ Federal ID Number: _____

2. **TRANSFEE:** _____

Business Address: _____

Mailing Address: _____

Telephone number: _____ Federal ID Number: _____

Are you a U.S. citizen? _____ If no, please check ____ and provide appropriate documentation.

QUESTIONS FOR TRANSFEROR:

Certificate Num: _____ Number of Vehicles Authorized under this Certificate: _____

Permitted Territories of Operation: _____

Has the Transferor been actively engaged in providing the services authorized under its certificate in the 6 months immediately preceding the date of this application? Please submit representative documentation (drivers logs, etc.) with this application.

Is the Transferor current in its annual report filings with the Division? If not, state the last year in which an annual report was filed?

State the total consideration involved in the transfer: _____

State the reason for transferring your certificate: _____

QUESTIONS FOR TRANSFEREE:

Are you (applicant[s]) a legal citizen of the United States? _____. If not, please attach documentation of appropriate immigration status.

Have the applicant(s), partners, officers and/or directors ever previously applied for a common carrier certificate from the DPUC? _____. If yes, what type of certificate was requested and what was the outcome of the application request?

Provide the date and place of birth of the transferee(s), partners, officers and directors:

If the transferee(s), partners, officers or directors have experienced a change of name, resulting from marriage, legal name change, etc., state the details of the name change:

Have the transferee(s), partners, officers and directors, ever been charged with and convicted of any criminal offense, either state or federal? If yes, explain.

Have the transferee(s), partners, officers and directors, been charged with a traffic violation within the last six (6) years? If yes, explain.

Describe the motor vehicle(s) to be operated by the transferee(s) in this business:

Describe any experience the transferee possesses in the industry:

FINANCIAL FITNESS QUESTIONS: Answers must be accurate as of the date of filing.

(You may choose to submit a financial statement in addition to answering these questions.)

ASSETS:

Cash on hand: _____

Total value of Motor Vehicle(s): _____

Total value of other Property (buildings, etc.): _____

Total value of Investments, etc.: _____

Total of Accounts Receivable: _____

LIABILITIES:

Total of outstanding business loans: _____

Total of any other debts or liabilities: _____

OATH

I (We) _____

being duly sworn, state that I am (We are) qualified and authorized to file and verify this application, that I (We) have carefully examined all the statements and answers contained in the application and that all such statements and answers set forth herein are true and correct to the best of my (our) knowledge and belief.

Signature of Both Applicant(s) before Notary Public

Subscribed and Sworn to before me at _____, in the state of
_____, this _____ day of _____, 20____.

Printed name of Notary Public

Signature of Notary Public

My commission expires: _____

RELEASE AND WAIVER FORM

Print or type **name**, **date of birth** and **place of birth** of transferee applicant (if an individual), or of all office holders (if applicant is a corporation, partnership, etc.)

I (we) are seeking certification as a common carrier in Rhode Island. I (we) hereby direct and authorize the Division of Criminal Identification of the Attorney General’s Office for the State of Rhode Island to make available to the Division of Public Utilities and Carriers any information on file in reference to me (us.)

I (we) hereby release the Division of Public Utilities and Carriers, the State of Rhode Island, and the Division of Criminal Identification of the Attorney General’s Office for the State of Rhode Island, collectively and individually, from all legal responsibility or liability that may arise from the release of such criminal records, and I (we) hereby waive all rights of action in both law and equity which I may not have or later acquire as the result of the release of such criminal records.

Signature of Transferee Applicant(s) before Notary Public

Subscribed and Sworn before me in Rhode Island, this _____ day of _____, 20____.

Printed name of Notary Public

Signature of Notary Public

My commission expires: _____

Social Security Disclosure/Release Form

Provide the Social Security Number of the transferee applicant(s), partners, officers and/or directors:

SOCIAL SECURITY NUMBER PRIVACY DISCLOSURE STATEMENT

Providing your Social Security Number to the Division is not mandatory. You may legally refuse to comply with this request. Whether you agree to disclose your Social Security Number is entirely a voluntary decision.

The Division is charged with the responsibility of determining whether you are “fit” before it is able to grant you the authority being requested through the instant application. The basis of this requirement is contained in the following Sections of the Rhode Island General Laws: §39-1-1, §39-1-15, §39-1-38, §39-3-2, §39-12-4, §39-12-5, §39-12-7, §39-12-32, §39-13-2, §39-14-2, §39-14-4.1, § 39-14-12, §39-14-14, §39-14-20, §39-14.1-3 and §39-14.1-8.

The Division has requested that you provide it with your Social Security Number so that it may better evaluate your “fitness” with regard to the regulatory authority you seek. The “fitness” evaluation includes a criminal background and a legal residency investigation. The Division may also employ other means to conduct the fitness evaluation. Providing your Social Security Number to the Division will help expedite the evaluation process.

Your Social Security Number will also be used as a unique internal identifying number.

SOCIAL SECURITY NUMBERS WILL NOT BE OPEN FOR PUBLIC INSPECTION.

**THIS SHEET TO BE DETACHED BY DIVISION PERSONNEL AND MAINTAINED AS CONFIDENTIAL DOCUMENT*