

**WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION**

1010 Wayne Avenue, Suite 1240
Silver Spring, MD 20910
(301) 588-5260
www.wmatc.gov

**APPLICATION TO OBTAIN TRANSFER, OR AMEND
IRREGULAR ROUTE AUTHORITY**

USE THIS FORM to obtain, transfer, or amend authority to transport passengers for hire in motor vehicles over irregular routes between points in the Washington Metropolitan Area Transit District (Metropolitan District). A transfer of authority includes a merger, acquisition or other transfer of control over a carrier or a carrier's assets or operations.

THE METROPOLITAN DISTRICT consists of the following:

- The District of Columbia;
- Alexandria, Falls Church, Arlington County, and Fairfax County, Virginia, and the political subdivisions located therein;
- Montgomery County and Prince George's County, Maryland, and the political subdivisions located therein;
- Washington Dulles International Airport; and
- All other cities now or hereafter existing in Maryland or Virginia within the borders of the foregoing cities, counties, and airport.

DO NOT USE THIS FORM to make a simple name change or to add a seating capacity restriction to an existing certificate or to obtain authority for passenger transportation solely in Virginia.

INSTRUCTIONS

1. Check type of application(s) below.
2. Part I – Read and complete.
3. Part II – Include Attachment A *and if necessary*, Attachment B.
4. Part III – Read and sign Verification
5. File the original.
6. Pay filing fee(s). See below.

Note: Application filing fees are in addition to any publication cost and costs associated with a hearing if one becomes necessary.

| |
|--|
| <p>For Commission Use Only Case No. AP - _____ Date Filed: _____</p> |
|--|

| TYPE OF APPLICATION (Check as Appropriate) | Filing Fee |
|--|------------|
| <input type="checkbox"/> Obtain Unrestricted Certificate of Authority - Operate any size vehicle (\$5 million insurance) | \$300.00 |
| <input type="checkbox"/> Obtain Restricted Certificate of Authority - Operate only vehicles seating 15 persons or less (\$1.5 million insurance) | \$300.00 |
| <input type="checkbox"/> Transfer Certificate (WMATC No. _____) | \$300.00 |
| <input type="checkbox"/> Transfer Control (of WMATC No. _____) | \$300.00 |
| <input type="checkbox"/> Remove Seating Capacity Restriction (of WMATC No. _____) | \$300.00 |
| <input type="checkbox"/> Obtain Temporary Authority | \$150.00 |
| <input type="checkbox"/> Obtain Temporary Approval of Transfer of Control | \$150.00 |
| Total Paid | \$ _____ |

PART I
Applicant Information

Form of Business

» Check the box that describes applicant's form of business.

| | | |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC, LLP or LP | <input type="checkbox"/> Other |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | |

Name and Address

» Applicant's complete legal name, street address, and phone MUST be completed. (*)
 » For transfer applications, the applicant is the one to whom authority is being transferred.
 » A trade name is not required. If applicant wishes to conduct business under a name different from its legal name, indicate the trade name and include Attachment B.
 » For more information about Attachments A and B, see page 4.

| | | | | | |
|-----------------|---------------------------------|-------------|------|-------|-----|
| Legal Name* | (as it appears on attachment A) | | | | |
| Trade Name | (as it appears on attachment B) | | | | |
| Street Address* | Street | Apt./Suite | City | State | Zip |
| Mailing Address | Mail Address | Apt./Suite | City | State | Zip |
| Phone Number* | | Email | | | |
| Fax Number | | Other Phone | | | |

Contact

» Applicants other than sole proprietors MUST designate a representative to receive filings, inquiries and correspondence regarding this application.
 » Sole proprietors may, but need not, designate a representative.

| | | | | | |
|-----------------|---|-------------|--------|-------|-----|
| Name | Mr./Ms. | First | Middle | Last | |
| | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Title | | | | | |
| Mailing Address | Mail Address | Apt./Suite | City | State | Zip |
| Phone Number | | Email | | | |
| Fax Number | | Other Phone | | | |

Agent

» **IF** applicant's place of business is **outside** the Metropolitan District, an agent must be designated **inside** the Metropolitan District to accept service on behalf of applicant.
 » See page one for description of Metropolitan District.

| | | | | | |
|-----------------|---|-------------|--------|-------|-----|
| Name | Mr./Ms. | First | Middle | Last | |
| | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Street Address | Street | Apt./Suite | City | State | Zip |
| Mailing Address | Mail Address | Apt./Suite | City | State | Zip |
| Phone Number | | Email | | | |
| Fax Number | | Other Phone | | | |

Common Control

» Check one box to indicate whether applicant has a control relationship with one or more existing WMATC carriers. If so, specify the WMATC carrier(s).

Note: a control relationship is when, directly or indirectly, a WMATC carrier owns or controls applicant, applicant owns or controls a WMATC carrier, or a WMATC carrier and applicant are both owned or controlled by the same person or company. Examples of a control relationship include, but are not limited to: a parent-subsidary relationship, overlapping management personnel, common ownership of applicant and a WMATC carrier by a person or holding company, or interlocking directorates.

Applicant is in a common control relationship with one or more WMATC carriers – List WMATC number(s) _____

Applicant has no WMATC carrier control relationship

Other Passenger Carrier Authority

» Check one or more boxes to indicate whether applicant currently holds passenger carrier authority from a federal and/or state agency. If so, list applicant’s assigned carrier number.

District of Columbia DFHV No. _____

USDOT No. _____

Maryland PSC No. _____

Other state authority (List states) _____

Virginia DMV passenger carrier No. _____

No passenger carrier authority

Fitness Findings

» Check one box to indicate whether any transportation regulatory agency has investigated applicant or found applicant unfit within the past five years.

Investigated

Investigated and found unfit

Not investigated and not found unfit

Bankruptcy

» Check one box to indicate whether applicant is currently in bankruptcy.

Yes—Chapter 7

Yes – Chapter 11

Yes – Chapter 13

Not in bankruptcy

Vehicles

» Check one or more boxes to indicate the type(s) of vehicle(s) applicant plans to use to provide for-hire passenger transportation.

» For each vehicle type checked, state the number of vehicle(s) applicant plans to begin operations with.

» For each type of vehicle checked, indicate the maximum seating capacity, including the driver.

| Type of Vehicles: | Sedan | Limousine | SUV | Van | Minibus | Motorcoach | Other (Specify type) |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of Vehicles: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Seating Capacity: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Service and Rates

» Check one or more boxes to indicate the proposed type(s) of transportation service and rates applicant plans to charge.

| Charter | Sightseeing | Other Mileage or Hourly | Airport Shuttle | Medicaid | Private-Pay Ambulatory & or Wheelchair | Government Contract | Private Contract |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART II
Attachments A and B

Attachment A

All Applicants MUST provide an Attachment A.

Sole Proprietors: » » » » Attach a copy of proprietor's driver's license.

General Partnerships: » » Attach a copy of the partnership agreement.

Corporations, LLCs, » » » Attach a Certificate of Good Standing from the state where applicant
LLPs, and LPs: was formed. The certificate must be dated within 6 months of the date
the application is filed.

Attachment B

If applicant wishes to use a trade name, include proof of trade name registration from the jurisdiction where applicant's principal place of business is located.

DC » » » » Department of Licensing and Consumer Protection

MD » » » » Department of Assessments and Taxation

VA » » » » State Corporation Commission

Note: If applicant's principal place of business is located outside the District of Columbia, Maryland, and Virginia, applicant may submit proof of trade name registration from either: 1) the jurisdiction where applicant's principal place of business is located; or 2) from the jurisdiction inside the Metropolitan District where applicant's local office or designated agent is located.

PART III
Applicant's Verification

Signature

» Applicant's verification applies to all information submitted in support of this application, including supplemental filings made after this initial submission.

- » An application by a sole proprietor must be signed by the sole proprietor.
- » An application by a corporation, LLC or similar entity must be signed by an officer.
- » An application by a partnership must be signed by a general partner.

I, verify under penalty of perjury, under the laws of the United States of America, that I am qualified to make this application and that all information submitted in support of this application is true and correct to the best of my knowledge and belief.

I further verify that:

1. Applicant owns or leases, or has the means to acquire through ownership or lease, one or more motor vehicle(s) that meets the Commission's safety requirements and is suitable for the transportation proposed in this application.
2. Applicant has, or has the means to acquire, a motor vehicle liability insurance policy that provides the minimum amount of coverage required by Commission Regulation No. 58-02.
3. Applicant has access to, is familiar with and will comply with the Compact, the Commission's rules, regulations and orders, and Federal Motor Carrier Safety Regulations as they pertain to transportation of passengers for hire.

Name* (type or print)

Signature*

Title* (not required for sole proprietors)

Date*