

*CONSUMER SERVICES DEPARTMENT
PASSENGER TRANSPORTATION REGULATORY DIVISION*

PASSENGER MOTOR CARRIER CERTIFICATE TRANSFER APPLICATION

INFORMATION SHEET

Each application is reviewed for compliance with the regulations of the Code of Miami-Dade County which requires, among other things, that the applicant passes a background check including scrutiny of financial and criminal record history. Once the application is accepted and the background reviews are completed, an agenda item will be prepared for consideration by the Board of County Commissioners. The application will first be reviewed by a sub-committee of the Board. This will be a public hearing at which the public can comment. The application will then be placed on an agenda for the full Board of County Commissioners. The Board may approve the transfer or refuse to approve it upon such terms and conditions or may reasonably alter, restrict or modify the terms and provisions of the proposed transfer where the same may best serve the public interest. You will be notified of the date and time of these meetings. It will take between three (3) and six (6) months from the time you apply to the time your application is considered by the Board.

- Complete and notarize the application form. Type or print neatly.
- All questions must be answered completely. Do not leave blanks. Note N/A if not applicable.
- Submit as attachment #1 a copy of the Articles of Incorporation or fictitious name registration, where applicable.
- Submit as attachment #2 two (2) letters of credit reference, including at least one bank where an active account is maintained. In lieu of the second credit reference, the applicant may submit alternative written evidence of financial trustworthiness.
- Submit as attachment #3 a copy of written contract between the certificate holder and transferee disclosing the terms and conditions of the proposed transfer, including the amount of compensation which has been paid or is payable to the transferor and any other consideration given or to be given to the transferor in connection with the transfer of the certificate.
- Submit as attachment #4 a detailed statement (balance sheet) of the financial condition of the applicant showing all assets at original cost and all liabilities including secured debts and revenues from all sources.
- Submit as attachment #5 your proposed rate schedule.
- Submit as attachment #6 your proposed transportation color scheme in the form of a color picture or diagram showing the color of the vehicle, the color of the lettering, the location of the name and phone number of the transportation company, and the location of any company logos.
- Each applicant is required to have a fingerprint background check. You may have your fingerprints and photograph take at any Miami-Dade Police Department district station. In the case of a corporate or partnership applicant, this information shall be obtained from **ALL** corporate officers and directors or partners, as the case may be. In the case of corporations, this information shall be obtained from stockholders who own, hold, or control five (5) percent or more of the corporation's issued and outstanding stock.
- PMC transfer fee: \$375
FDLE Criminal Background Check Fee: \$24 per corporate officer and/or shareholder

Fees are payable by check, money order or credit card (visa or master card). Checks or money orders must be payable to *Board of County Commissioners*.

PASSENGER MOTOR CARRIER TRANSFER APPLICATION

MIAMI-DADE COUNTY
CONSUMER SERVICE DEPARTMENT
PASSENGER TRANSPORTATION
REGULATORY DIVISION
140 West Flagler Street, Room 904
Miami, Florida 33130
(305) 375-2460
www.miamidade.gov/csd

1 PASSENGER MOTOR CARRIER CERTIFICATE TO BE TRANSFERRED: Date: _____
PMC Certificate No. _____
Name of Present Certificate Holder _____

2 APPLICANT INFORMATION

(A) APPLICANT IDENTIFICATION:

1. To be completed if applicant is an individual:

Full Name _____ Date of Birth _____
Residence Address _____
City _____ State _____ Zip _____ Home Phone _____
Business Name _____
Business Address _____ City _____ State _____ Zip _____
Business Phone _____ Fax No. _____ E-Mail _____

2. To be completed if applicant is a partnership:

Name of Partnership _____
Partnership Address _____
City _____ State _____ Zip _____ Phone _____
Date and location partnership formed _____
Business Name _____
Business Address _____ City _____ State _____ Zip _____
Business Phone _____ Fax No. _____ E-Mail _____

Full Name of Partner _____ Date of Birth _____
Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Full Name of Partner _____ Date of Birth _____
Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

LIST ALL OTHER PARTNERS ON SEPARATE SHEET

3. To be completed if applicant is a corporation:

Name of Corporation _____
Corporation Address _____
City _____ State _____ Zip _____ Phone _____
Business Name _____
Business Address _____ City _____ State _____ Zip _____
Business Phone _____ Fax No. _____ E-Mail _____

Name of Corporate Resident Agent _____
Address _____
Business Address _____ City _____ State _____ Zip _____
Business Phone _____ Fax No. _____ E-Mail _____

Full Name of Officer/Director/Shareholder _____

Title(s) _____ Percentage (%) of Shareholder Interest _____

Date of Birth _____ Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder _____

Title(s) _____ Percentage (%) of Shareholder Interest _____

Date of Birth _____ Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder _____

Title(s) _____ Percentage (%) of Shareholder Interest _____

Date of Birth _____ Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

LIST ALL OTHER OFFICERS/DIRECTORS/SHAREHOLDERS ON SEPARATE SHEET

(B) DISCLOSURE TO BE COMPLETED BY ALL APPLICANTS

List the name, residence address, date of birth, and telephone number for any person who has interest (legal, equitable, beneficial, or otherwise) in the for-hire license(s).

Beneficial Interest - Any person who derives a profit, benefit or advantage resulting from a contract with the license holder. This would include any person who benefits in some way through the license holder.

Legal Interest - This includes, among other things, an interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the license (conditional sale) has a legal interest in the license.

Equitable Interest - This includes, among other things, a beneficiary in case of a license holder's death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

Full Name _____

Type of Interest _____ Description of interest _____

Residence Address _____ City _____

State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____

Type of Interest _____ Description of interest _____

Residence Address _____ City _____

State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____

Type of Interest _____ Description of interest _____

Residence Address _____ City _____

State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____

Type of Interest _____ Description of interest _____

Residence Address _____ City _____

State _____ Zip _____ Home Phone _____ Date of Birth _____

Full Name _____

Type of Interest _____ Description of interest _____

Residence Address _____ City _____

State _____ Zip _____ Home Phone _____ Date of Birth _____

3 PERSONAL REFERENCES

List three (3) personal references residing in Miami-Dade County

Name _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Name _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

Name _____ Residence Address _____
City _____ State _____ Zip _____ Home Phone _____

4 TRANSPORTATION EXPERIENCE

Are you now or have you within the last five (5) years been engaged in transportation business activities?

NO [] YES [] If yes, complete the following:

STATEMENT OF SERVICES PROVIDED:

5 DESCRIPTION OF VEHICLE(S)

(A) Vehicle exterior markings:

1. Trade Name _____ 2. Telephone Number _____
3. Other markings _____ 3. Size of markings (In inches) _____

(B) Vehicle exterior color scheme (If available, submit picture):

(C) For each vehicle listed below that will be used, complete the following (**List all other vehicles in a separate sheet**):

YEAR MAKE MODEL TYPE NO. OF SEATS MILEAGE

6 MANAGEMENT PLAN

Provide information on how the following business functions will be conducted and managed. (You can submit a separate detailed plan describing services that will be provided to the passengers.)

(A) Name and experience of proposed General Manager:

(B) Proposed central place of business:

Address _____ State _____ Zip _____
Telephone Number _____ Fax No. _____ E-Mail _____

(C) Type or Class of service of service to be provided:

(D) Days and hours of operation:

(E) Market to be served:

(F) Vehicle Maintenance system:

(G) Complaint Handling system:

(H) System for handling accident(s) and/or injury:

(I) System for handling property left by passengers:

(J) Telephone communication system:

(K) System for maintenance of business records:

(L) Driver Training Program:

(M) Vehicle Insurance System (attached copy of certificate of insurance):

7 CRIMINAL/PENALTY HISTORY

Note: In the case of a corporate or partnership applicant, the following information shall be obtained from ALL corporate officers and directors or partners, as the case may be. In the case of corporations, the required information shall be obtained from stockholders who own, hold or control five (5) percent or more of the corporation's issued and outstanding stock.

(A) Have you pled nolo contendere, pled guilty, been found guilty or been convicted whether or not adjudication has been withheld of any criminal charge(s) within 5 years of the date of this application?

NO [] YES [] If yes, complete the following for each charge:

Table with 4 columns: NAME, CHARGE, DATE, COURT & LOCATION

(B) Do you owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
(ii) unpaid administrative costs for a hearing;
(iii) unpaid County investigative, enforcement, testing or Monitoring costs; or
(iv) unpaid liens?

NO [] YES [] If yes, provide a written explanation for each occurrence.

Blank lines for providing a written explanation for each occurrence.

9 APPLICANT CERTIFICATION

SS (Individual or Corporation)

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Before me, the undersigned authority, this day personally appeared _____, who, being by me first duly sworn, deposes and says, that he/she is the _____ of _____, the applicant in the foregoing application, and that the statements made herein and attached hereto are true and genuine, grants authority to Miami-Dade County to verify the information contained herein, understands that Miami-Dade County reserves the right to deny this application based upon the misrepresentation; alteration; omission; incompleteness of material fact; or for any of the reasons set forth in Chapter 31, Article III of the Code of Miami-Dade County and agrees to comply with all provisions and requirements of Chapter 31 of the Code, should this application be approved and further certifies that any certificate(s) that may be issued will be subject to any and all future modifications of the Code.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ____ OR Produced Identification ____ My Commission Expires:

Type of Identification Produced _____

