

**APPLICATION TO TRANSFER PASSENGER MOTOR CARRIER (PMC) CERTIFICATE
CHAPTER 31, ARTICLE III
CONSUMER SERVICES DEPARTMENT
PASSENGER TRANSPORTATION REGULATORY DIVISION**



INSTRUCTIONS:

Type or Print neatly.
 Sections 1, 4, and 5 must be completed and either Section 2 or 3, depending on status of the applicant.
 All required questions must be answered completely.
 Signature of both the applicant and license holder must be notarized.
 Separate application is required for each license holder involved.
 Submit each application in duplicate.
 Attach all required documents in duplicate.

1 PASSENGER MOTOR CARRIER CERTIFICATES TO BE TRANSFERRED: DATE: _____
 Passenger Motor Carrier Certificate(s) # _____
 Name of Present Certificate Holder _____

2 APPLICANT WHO IS AN EXISTING CERTIFICATE HOLDER:

A. APPLICANT IDENTIFICATION:

Name: _____ Business Name: _____
 Business Address: _____ Zip _____ Business Ph. #. _____

B. MANAGEMENT PLAN:

Submit as attachment #1 a written statement detailing how the license(s) to be transferred will be operated and managed, including, but not limited to the following system: radio and telephone communication; driver training and control; vehicle maintenance; financial and operating records; insurance and safety program; customer service and complaints; and regulatory control.

C. CRIMINAL RECORDS CHECK:

Have you been convicted of any criminal charge(s) within 5 years of the date of this application? In the case of Corporation of partnership applicants, this information is to be provided for all corporate officers or partners.

NO []	YES []	If yes, complete the following for each conviction	
NAME	CONVICTED OF	DATE	COURT & LOCATION

D. REGULATORY COMPLIANCE:

During the preceding 5 years, has your operating authority to provide transportation services been suspended or revoked?
 NO [] YES [] If yes, give full details:

3 APPLICANT WHO IS NOT A PRESENT CERTIFICATE HOLDER:

A. APPLICANT IDENTIFICATION:

1. To be completed if the applicant is an individual:

Full Name: _____ Date of Birth: _____
 Social Security #: _____ Home Phone #: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Business Address: _____ Business Ph. #: _____

2. To be completed if the applicant is a partnership or non-corporation association:

Name of Organization: _____ Telephone #: _____
Business Address _____ City _____ State _____ Zip _____
Date & location of organization formed: _____
Full Name of each partner % interest Date of Birth Home Address Social Security #

3. To be completed if the applicant is a corporation:

Name of Corporation _____ Tel. #: _____
Corporate Address: _____ City _____ State _____ Zip _____
Date & location of incorporation _____
Full Name of each corporate officer Title Date of Birth Home Address Social Security #

B. PERSONAL REFERENCES:

List three (3) personal references residing in Dade County:

Name Address Zip Telephone #

C. CRIMINAL RECORD:

Have you been convicted of any criminal charge(s) within 5 years of the date of this application? In case of Corporation or Partnership applicants, this information is to be provided for all corporate officers and partners. NOTE: Fingerprints and photographs are required of each applicant, corporate officer and partner.

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

D. TRANSPORTATION EXPERIENCE:

1. Are you now or have you within the preceding 5 years been engaged transportation business activities?

NO [] YES [] If yes, complete the following:
SERVICES PROVIDED LOCATION SERVED AGENCY LICENSED BY

2. Has your operating authority for these services ever been revoked or suspended by the licensing authority?

NO [] YES [] If yes, give full details:

3. Has this business ever been in bankruptcy? NO [] YES [] If yes, give details:

E. PROPOSED VEHICLE EXTERIOR MARKINGS:

Business trade name _____ Telephone #: _____
Color Scheme _____
Other Markings _____

If the color scheme proposed above is assigned to an existing company, submit as attachment #1, a letter from that company authorizing the use thereof.

F. DESCRIPTION OF PROPOSED VEHICLE(S):

YEAR MAKE MODEL TYPE SEATING CAPACITY (EXCLUDING DRIVER)

- G. Submit as attachment #2 a detailed and factual written statement that demonstrates the ability of the applicant to manage and provide the proposed services, including but not limited to the management plan; type or class of service to be provided; days and hours of operation; market to be served; radio and telephone communication system; name and experience of proposed general manager; vehicle maintenance system; insurance and safety programs; accounting system; driver training and control program; financial and operating records and reporting system; customer service and complaint handling system; system for handling accidents and injuries; regulatory control; and any other pertinent information the application wishes the Board of County Commissioners to consider.
- H. Submit as attachment #3 two (2) letters of credit references, including one bank where an active account is maintained; covering but not limited to length of association, credit experience, and current credit status. The letters are to be addressed to the Dade County Transportation Administration and dated within 30 days of the date of this application.
- I. Submit as attachment #4 a detailed written statement (Balance Sheet) of the financial condition of the applicant, showing all assets at original costs and all liabilities, including secured debts and revenues from all sources for the statement period. The most recent certified financial statement is preferred. If available, submit a financial statement dated and signed by the preparer.

4 APPLICATION CERTIFICATION:

Before me, the undersigned authority, this day personally appeared _____, who, being by me first duly sworn, deposes and says, that he is _____ of _____, the applicant in the foregoing application, and that the statements made herein and attached hereto, are true and correct, grants authority to Dade County to verify the information contained herein, understands that Dade County reserves the right to deny this application based upon the misrepresentation, alteration, omission, or incompleteness of material fact and agrees to comply with all provisions and requirements to the Passenger Motor Carrier Chapter 31, Article III, should this application be approved and further certifies that said application for transfer is to acquire certificate(s) # _____ presently held by _____

SIGNATURE OF APPLICANT _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____.

NOTARY PUBLIC _____

SEAL

CORPORATE SEAL

5 A. IDENTIFICATION:

Name _____ Business Name _____

Business Address _____ Phone # _____

If corporation, title _____

B. CERTIFICATION:

Before me, the undersigned authority, this day personally appeared _____, who, being by me first duly sworn, deposes and says that he is _____ of _____, and the holder of Passenger Motor Carrier certificate(s) # _____, and that said licenses are current and valid and in accordance with Dade County Chapter 31, Article III, does request Miami-Dade County to transfer said certificate(s) to _____ listed on this application as applicant, and further stipulates that when the license transfer is approved by Miami-Dade County to relinquish all rights to such certificates to the applicant and that all statements in Section 5 of this application are true.

SIGNATURE OF LICENSE HOLDER _____

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

NOTARY PUBLIC _____

SEAL

CORPORATE SEAL