



Preliminary Transportation Network Entity License Information Sheet

This document contains the procedure to be followed by entities that desire to apply for a Preliminary Transportation Network Entity (TNE) License to provide **transportation network entity services** defined in the Miami-Dade County Code (Code) as the provision of prearranged transportation services for compensation by a transportation network entity driver through a transportation network entity digital platform. Transportation network entity services do not include ridesharing, as defined in section 341.031 of the Florida Statutes, or carpool arrangements, as defined in section 450.28 of the Florida Statutes, or any other type of shared expense arrangement where the driver receives reimbursement that does not exceed the driver's cost of providing the ride. The Code also defines **digital platform** as any internet-enabled technology utilized by a transportation network entity that connects a passenger to a duly certified transportation network entity driver and transportation network entity vehicle via prearranged reservation through a computer, mobile phone, application, web-based reservation or other similar online-enabled technologies that may be developed in the future. TNE license holder shall ensure that the digital platform used by a TNE to connect TNE drivers and passengers displays the first name of the TNE driver, a picture of the TNE driver, the license plate number of the TNE vehicle, a picture of the TNE vehicle or description of the TNE vehicle that, in the Director's sole discretion is sufficient to enable a passenger to easily identify the vehicle, as well as a system for driver feedback which shall, at a minimum, include a driver rating system. Note that each preliminary license will expire thirty (30) days from the date of issuance unless extended by the Director for good cause shown.

The Department of Transportation and Public Works (DTPW) will be accepting TNE preliminary license applications beginning **Monday, May 16, 2016**. The application form can be obtained online at www.miamidade.gov/transportation or at our office located at 601 NW 1st Court, 18th Floor, Miami, FL 33136. Applications must be submitted by mail or deliver in-person to the same address, or submitted by email to gonzalr@miamidade.gov.

Attention: TNE Licenses, Passenger Transportation Regulatory Division, DTPW
601 N.W. 1st CT., 18th Floor
Miami, FL 33126

INSTRUCTIONS:

- Complete and notarize the application form. Type or print neatly.
- Submit as attachment #1 copy of Articles of Incorporation and/or fictitious name registration, where applicable.
- Submit as attachment #2 the proposed TNE signage or display in a digital format to porelle@miamidade.gov (Attention Mr. Pedro Orelle). This marking must be sufficiently large and color contrasted as to be readable during daylight hours at a distance of at least fifty (50) feet when providing TNE services.
- Submit the application fee of **\$350.00** plus the license fee of **\$26.00** for each transportation network entity (TNE) vehicle operated. The number of vehicles shall be determined by dividing by the number of TNE vehicles in operation each day during the sixty-day period preceding the date of application by 60. Fees are payable by check, money order, credit card (Master Card, Visa or American Express) or bank wire/transfer (if you decide to pay by wire, please contact the Division for details). Checks and money orders shall be payable to Miami-Dade County. **All fees are non-refundable.**

Preliminary Transportation Network Entity License Application

Number of TNE Vehicles to be operated: _____

Application Date: _____

1. APPLICANT INFORMATION

(a) Corporate Applicant (Limited Liability Company/Profit Corporation)

Corporation Name _____

Corporate Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Trade Name _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____

Name of Corporate Resident Agent _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder/Manager _____

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

Date of Birth _____ Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder/Manager _____

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

Date of Birth _____ Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

Full Name of Officer/Director/Shareholder/Manager _____

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

Date of Birth _____ Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

LIST ALL OTHER OFFICERS/DIRECTORS/SHAREHOLDERS/MANAGERS ON SEPARATE SHEET

(b) Partnership Applicant

Name of Partnership _____
Business Address _____
City _____ State _____ Zip _____ Phone _____
Fax _____ Email _____
Trade/Business Name _____

Partner Name _____ DOB _____
Address _____
City _____ State _____ Zip _____ Home Phone _____
Email _____

Partner Name _____ DOB _____
Address _____
City _____ State _____ Zip _____ Home Phone _____
Email _____

LIST ALL OTHER PARTNERS ON SEPARATE SHEET

(c) Individual Applicant

Name _____ DOB _____
Address _____
City _____ State _____ Zip _____ Home Phone _____
Business/Trade Name _____
Business Address _____
City _____ State _____ Zip _____ Phone _____
Fax _____ Email _____

2. ADDITIONAL ENTITY INFORMATION

Digital Platform App Name _____
Company Website _____
24 Hour Customer Service Telephone No. _____ Email or hyperlink _____

3. APPLICANT CERTIFICATION

(a) 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.

(b) The applicant hereby certifies the following; (Please initial each item)

- (I) _____ All transportation network entity drivers and transportation network entity vehicles are covered by insurance required by Section 31-707 of Article VII, Chapter 31 of the Code; and
 - (II) _____ All transportation network entity for-hire vehicles operated under the authority of the transportation network entity have passed all required vehicle inspections; and
 - (III) _____ All transportation network entity drivers operating under the authority of the transportation network entity preliminary license have passed, at a minimum, a Level I background check as required by Section 31-702 (q) of Article VII, Chapter 31 of the Code, and hold a current driver license issued by the State of Florida or are otherwise authorized to operate a motor vehicle in Florida pursuant to Section 322.031, Florida Statutes.
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4. NOTARIZED STATEMENT

Before me, the undersigned authority, this day personally appeared _____, who, being by me first duly sworn, deposes and says, that he/she is the applicant in the foregoing application or has the authority to submit this application on behalf of the Applicant; represents that the statements made herein 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 Article VII, Chapter 31 of the Miami-Dade County Code; agrees to operate in compliance with the provisions of Sections 31-702(d), (k), (l), (m), (n) and (p), 31-705, 31-706, 31-707, 31-708 and 31-712; and understands that a transportation network driver operating under the authority of a preliminary license shall, at a minimum, comply with the provisions of Sections 31-703 (a), (b), (c), (d) and (e), 31-705, 31-706, 31-707 and 31-712, and that a transportation network vehicle shall comply with Section 31-708 should this application be approved.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF MAY, 2016

Notary Public

Print, Type, or Stamp Commissioned Name of
Notary Public