

# PASSENGER MOTOR CARRIER APPLICATION

## INFORMATION SHEET

This document contains the procedure to be followed by the operators who desire to apply for a for-hire Passenger Motor Carrier (PMC) certificate of transportation to provide circulator, contract, fixed route, general tours & transport service or jitney route. Listed below are the classes of services and their definitions:

<b>Circulator:</b>	Means the provisions of fixed route or semi-fixed route transportation service where at least 70 percent of the route is within 1 municipality. Motor vehicles owned, operated by or operated under contract with a municipality in a local public transportation system may provide circulator service <b><u>when authorized by an interlocal agreement with Miami-Dade County which has been approved by the Board of County Commissioners.</u></b>
<b>Contract:</b>	Means pre-arranged transportation provided by a passenger motor carrier vehicle for compensation pursuant to a written contract with one or more persons and which excludes street hail services.
<b>Fixed Route or Route Service:</b>	Means the transportation of persons by a passenger motor carrier vehicle on an authorized fixed route between fixed terminals on a fixed schedule with designated pick-up/drop off locations where service is not prearranged and the passenger hails the vehicle and pays a fare.
<b>General Tours &amp; Transport Service:</b>	Means the prearranged transportation of persons in a motor vehicle to a common destination or series of common destinations where the person may be charged as an individual or as part of a group. Including, but not limited to, sightseeing service, not between fixed terminals or on a regular route. For the purpose of this article "sightseeing service" is defined as the transportation of a person or a group of persons traveling under individual contracts at a fixed charge involving the use of a passenger motor carrier vehicle to sightsee or tour a county or municipal point of interest including, but not limited to, historic buildings, parks or sites for the purpose explaining, describing, or generally relating to the history of South Florida under a pre-arranged itinerary, excluding street hail service.
<b>Jitney Route:</b>	Means the transportation of persons by a passenger motor carrier on an authorized fixed route between fixed terminals on a semi-fixed schedule where service is not prearranged and individual passengers hail the vehicle and pay a fare.

A separate for-hire PMC certificate is required for each class of service that the applicant desires to furnish. For example, if an operator desires to provide Circulator, Contract and Jitney route service, three (3) applications, one per class of service must be submitted. The operator may operate more than one vehicle of the same class per certificate by obtaining a valid and current operating permit for each vehicle. Each applicant is required to submit an application in person or through the mail to the Passenger Transportation Regulatory Division (PTRD), 601 NW 1<sup>st</sup> Court, 18<sup>th</sup> Floor, Miami, FL 33136.

**Note: ALL APPLICANTS MUST HAVE A PLACE OF BUSINESS LOCATED IN MIAMI-DADE COUNTY, BROWARD COUNTY OR PALM BEACH COUNTY.**

### INSTRUCTIONS:

- Complete and notarize the application form. Type or print neatly.
- All questions must be answered completely by applicant. Do not leave blanks. Note N/A if not applicable.
- **Submit as attachment #1** copy of the Articles of Incorporation or fictitious name registration, where applicable.
- **Submit as attachment #2** proposed vehicle color scheme that includes; Business name and business phone on driver and passenger side of the vehicle, business signage or logo if any, no magnetics, for-hire vehicle numbers must be affixed to the lower rear quarter panel of the vehicle behind rear wheel well and must be minimum 3" in height.
- **Submit as attachment #2** Photo ID of applicant or corporate officers.
- Attach an application processing fee in the amount of \$375.00 and a \$25.00 fee for each individual or corporate officer listed in the application to conduct a Florida Department of Law Enforcement (FDLE) criminal back ground check. Checks or Money Orders must be made payable to Miami Dade County. We also accept all major credit cards (Visa Master Card or Amex)

# Passenger Motor Carrier Certificate of Transportation Application

Department of Transportation & Public Works  
Passenger Transportation Regulatory Division  
601 NW 1<sup>st</sup> Court, 18<sup>th</sup> Floor  
Miami, FL 33136  
Tel 786-469-2323 Fax 786-469-2313

## 1 CLASS OF TRANSPORTATION SERVICE:

NOTE: This application may be used to apply for a single for-hire certificate. A separate application is required for each class of service that the applicant desires to furnish. For circulator, contract, general tours & transport service and jitney route more than one vehicle are authorized to operate per for-hire certificate. Circulators and jitney routes require one application per approved routes.

Class of service to be provided (Refer to the Information Sheet for explanation of the classes of service): **Check one**

Circulator      Contract      Fixed Route      General Tours & Transport Services      Jitney Route  
                                                                               

## 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 \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_  
Company Website: \_\_\_\_\_

#### 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 \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_  
Company Website: \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Percentage of Interest \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Percentage of Interest \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 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 \_\_\_\_\_  
Date and Location Corporation formed \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax No. \_\_\_\_\_  
Company Website: \_\_\_\_\_

**Name of Corporate Resident Agent** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_  
Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Full Name of Officer/Director/Shareholder** \_\_\_\_\_  
Title(s) \_\_\_\_\_ Percentage (%) of Shareholder Interest \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

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**3** 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**4** DESCRIPTION OF VEHICLE(S)

(A) Vehicle exterior markings, if any

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

(B) Vehicle exterior color scheme and other markings (Submit a digital photo):

\_\_\_\_\_  
\_\_\_\_\_

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**5** PROPOSED SERVICE

(A) Proposed service standards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Days and hours of operation: \_\_\_\_\_

(C) Passenger services to be provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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**6** Proposed Rates (**Attach Rate Sheet**)

(A) Proposed public fare and rate structure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**7** CRIMINAL 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.

(A) Have you pled nolo contendere, pled guilty, or have been found guilty or been convicted of any crime, whether or not adjudication has been withheld within the 10 years preceding the date of the application?

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

NAME	CHARGE	DATE	COURT & LOCATION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(B) During the last 5 years, have you pled nolo contendere, pled guilty, been found guilty or been convicted of a felony, regardless of whether adjudication has been withheld?

NO [ ] YES [ ] If convicted of a felony, have your civil/residency rights been restored? \_\_\_\_\_ If yes, attach proof of restoration.

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(C) Have you ever pled nolo contendere, pled guilty, been found guilty or been convicted of any crime wherein a for-hire vehicle was employed whether or not adjudication has been withheld?

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(D) Have you ever pled nolo contendere, pled guilty, been found guilty or been convicted of any felony, regardless of whether adjudication has been withheld, involving moral turpitude relating to sex, the use of a deadly weapon, homicide, trafficking in narcotics or violence against a law enforcement officer?

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(E) Have you ever been enjoined by a court of competent jurisdiction from engaging in the for-hire business or was enjoined by a court of competent jurisdiction with respect to any of the requirements of Chapter 31 of the Miami-Dade County Code?

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(F) During the last 5 years, have you pled nolo contendere, pled guilty, been found guilty or been convicted of any misdemeanor, regardless of whether adjudication has been withheld, involving moral turpitude relating to sex?

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(G) During the last 10 years, have you pled nolo contendere, pled guilty, been found guilty or been convicted of any offense, regardless of whether adjudication has been withheld, involving trafficking in narcotics? (Note: After said 10 year period, applicant shall be eligible for a PMC Certificate if and when his/her civil/residency rights have been restored.)

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

**8**

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) Do you have any unsatisfied civil penalty or judgment pertaining to for-hire operation?

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(B) Have you ever had a for-hire certificate issued by Miami-Dade County revoked within the last (5) years?

NO [ ] YES [ ] If yes, explain \_\_\_\_\_

(C) 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 APPLICANT CERTIFICATION

SS (Verification by Individual)

STATE OF FLORIDA )
COUNTY OF MIAMI-DADE )

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes ands says, that he/she is 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; incomplection of material fact; or for any of the reasons set forth in Section 31-103 (d) 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 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

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SS (Verification by Corporation or Partnership association)

STATE OF FLORIDA )
COUNTY OF MIAMI-DADE )

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_, who, being by me first duly sworn, deposes ands 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; incomplection of material fact; or for any of the reasons set forth in Section 31-103 (d) 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 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

SEAL

CORPORATE SEAL