



**STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
REGULATORY AND COMPLIANCE DIVISION UNIT 7072
2800 BERLIN TURNPIKE
NEWINGTON, CT 06111**



DATE _____

APPLICATION NO. _____

REGISTRATION FOR FEDERAL HIGHWAY ADMINISTRATION AUTHORITY

CGS 13b-102(b) – Each person, limited liability company or corporation operating a motor vehicle by virtue of authorization issued by the Federal Highway Administration for charter and special operation shall register such authorization for interstate operation with the Department of Transportation if such person, association, limited liability company or corporation maintains a domicile or principal office in the state of Connecticut.

Please type or print. This application must be accompanied by a fee of **TWO HUNDRED DOLLARS (\$200.00)** in cash, check or money order payable to “Treasurer, State of Connecticut”. Please do not mail cash. The application fee is non-refundable. If additional space is required for any item, please attach a separate sheet. Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. Please submit this information to the following address:

Connecticut Department of Transportation
Regulatory and Compliance Unit 7072
2800 Berlin Turnpike
Newington, CT 06131-7546
(860) 594-2865

(Please complete the information below in its entirety.)

SECTION I

APPLICANT _____

COMPANY NAME _____
(Name of individual, Partnership, Corporation, or Limited Liability Company)

TRADE NAME (if applicable) _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____
(Include area code)

PHYSICAL ADDRESS (if different) _____

Specify the motor vehicles authorized to operate in applicant's certificate of authority.

Vehicle Year	Vehicle Make	Vehicle Type	Seating Capacity	Vehicle Registration		
				State	Number	Expiration Date

Does the applicant have the appropriate insurance policies, limits of coverage and effective dates on above vehicles? Yes No (Please submit a copy of said information together with application.)

Has the applicant had any motor vehicle accidents within the last ten (10) years while operating a motor vehicle? Yes No

If yes, explain. _____

Have any of the partners, officers, or members of the applicant ever had their operator's license revoked or suspended? Yes No

If yes, by what state, give reason, approximate date and length of suspension. _____

Has the applicant (s) ever been convicted of any crime or offense other than motor vehicle violation in the past ten (10) years? Yes No

If yes, provide approximate dates and give details including any resulting police, court, or criminal process. (Attach separate sheet if more space is required.) **This applies to every owner, partner, or officer.** _____

Criminal Conviction History Report (based on fingerprints) is required for each individual listed in the application. (Required to be updated every two years) Fingerprints are only valid if completed by the Department of Emergency Services and Public Protection – located at 111 Country Club Road, Middletown, CT. Prints from any local police department will not be accepted.

ALL FINGERPRINT CARDS NEED TO BE OBTAINED FROM THE REGULATORY AND COMPLIANCE UNIT AT THE CONNECTICUT DEPARTMENT OF TRANSPORTATION.

Is the applicant a sole proprietor, a partnership, a corporation, or a limited liability company? _____ . (If Corporation or limited liability company, please submit a copy of Articles of Incorporation or Articles of Organization together with this application.)

List the name (s) and residential address (es) of individual (s) seeking authority, including all partners (if partnership), principal officers (if corporation), members (if limited liability company)

NAME	TITLE	RESIDENTIAL ADDRESS

Would service be performed in connection with any other business? Yes No

If yes, what? _____

Is the applicant represented by an attorney/representative, please give name, address, and telephone number. _____

Has the applicant (s) had any experience in livery service prior to this application or had any experience in the transportation of passengers for hire? Yes No

If yes, describe? _____

If the applicant is not a resident of the State of Connecticut, state the name, address and phone of agent for service of legal process or notice. _____

DATE _____

APPLICATION NO. _____

PERMIT NO. _____

NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

APPLICANT:

INDIVIDUAL SOCIAL SECURITY NUMBER: _____

OR

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: _____

**TO BE EXECUTED BY SOLE PROPRIETOR, AUTHORIZED PARTNER,
AUTHORIZED OFFICER OF CORPORATION, OR AUTHORIZED MEMBER OF
LIMITED LIABILITY COMPANY**

State of Connecticut

County of _____

I (We), the undersigned:

Applicant (s)

(Print – name) (Title) (Telephone)

(Print – name) (Title) (Telephone)

(Print – name) (Title) (Telephone)

Under oath, say that the foregoing application has been prepared by me, or under direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information, and belief under the penalties of perjury.

Subscribed and sworn to before me this _____ day of _____, _____.
(Day) (Month) (Year)

Applicant (s) Signatures:

Notary Public/Commissioner of Superior Court

APPLICATION CHECK SHEET

PLEASE ENSURE ALL THAT IS APPLICABLE IS COMPLETED IN THIS APPLICATION. FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.

- MAKE SURE ALL NECESSARY SECTIONS OF THE APPLICATION ARE COMPLETED.
- APPLICATION FEE - \$200.00 cash, check, or money order payable to "Treasurer, State of Connecticut".
- CURRENT CONNECTICUT CRIMINAL CONVICTION HISTORY REPORT (based on fingerprints) ON ALL PERSONS, SOLE PROPRIETOR AND/OR PARTNERS OF PARTNERSHIP OR ANY OWNERS OF THE COMPANY (REQUIRED TO BE UPDATED EVERY TWO YEARS)
- LIST OF CORPORATE OFFICERS AND LIMITED LIABILITY COMPANY MEMBERS.
- CERTIFIED COPY OF CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION (ALSO OPERATING AGREEMENT, IF AVAILABLE FOR LLC).
- IF A TRADE NAME IS USED, A CERTIFIED COPY OF CERTIFICATE OF ADOPTION, AS FILED WITH THE CITY/TOWN CLERKS IN THE PRINCIPLE BUSINESS LOCATION(S).
- NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE, IF ANY.
- IF APPLICANT IS NOT A RESIDENT OF THE STATE OF CONNECTICUT, STATE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF AN AGENT FOR SERVICE OF LEGAL PROCESS.
- SIGNATURES AND TELEPHONE NUMBERS.
- APPLICATION NOTARIZED.
- COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBERS.
- COPY OF FEDERAL HIGHWAY ADMINISTRATION CERTIFICATE, FOR REGISTRATION OF INTERSTATE AUTHORITY (NOT REQUIRED FOR INTRASTATE LIVERY AUTHORITY).