



STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION



BUREAU OF PUBLIC TRANSPORTATION
2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546

APPLICATION NO. _____

REGISTRATION OF FEDERAL HIGHWAY ADMINISTRATION AUTHORITY

CGS 13b-89(c) - A holder of such permit shall not operate a motor bus in the transportation of passengers for hire between points within this state without securing from (1) the Department of Transportation, a certificate of public convenience and necessity in accordance with the provisions of sections 13b-80 to 13b-85, inclusive, or (2) the Federal Highway Administration, a certificate pursuant to the Bus Regulatory Reform Act of 1982, P.L. 97-261.

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". Do not mail cash. The application fee is non-refundable. If additional space is required for any item, please attach 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
2800 Berlin Turnpike, P.O. Box 317546
Newington, CT 06131-7546

APPLICANT: _____

TRADE NAME (if applicable): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER (include area code): _____

PHYSICAL ADDRESS (if different): _____

1. 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. If so, please describe:

No.

2. Is the applicant a resident of the State of Connecticut?

Yes

No

If not, provide the name and address of Agent for Service for legal process or notice:

3. Is the applicant a:

Sole proprietor

Partnership

Corporation - You must submit a certified copy of the Articles of Incorporation with this application.

Limited Liability Company - You must submit a certified copy of the Articles of Organization with this application.

List the name(s) and residential address(es) of individual seeking authority, including all partners (if partnership), principal officers (if corporation), or members (if Limited Liability Company). Attach additional sheets if necessary.

Name: _____ Title: _____

Residential Address: _____

Name: _____ Title: _____

Residential Address: _____

Name: _____ Title: _____

Residential Address: _____

Name: _____ Title: _____

Residential Address: _____

Name: _____ Title: _____

Residential Address: _____

Please check if additional sheets have been attached.

4. Is the applicant represented by an attorney?

Yes (please provide name, address, and telephone number). No

Name of Attorney: _____

Address of Attorney: _____

Telephone Number (include area code): _____

5. Will the livery service be performed in connection with any other businesses?

Yes. If so what kind of business? _____
 No.

6. Has applicant had any motor vehicle accidents while operating a motor vehicle in the last 10 years?

Yes. If so, explain, include dates.

No.

7. Has the applicant, any of the partners, officers or other members of the applicant company ever been convicted of any crime or offense other than, or in addition, to a motor vehicle violation in the last 10 years? Please provide a current Criminal Conviction History Report.

Yes. If so, please list names and state approximate dates and give details, including state, and include any resulting in criminal process (use additional sheets as necessary).

No.

13. Have any of the partners, officers, or members of the applicant ever had their operator's license revoked or suspended?

Yes. If so please provide name, state of revocation or suspension, provide detail, approximate date and length of suspension:

No.

APPLICATION/PERMIT NO. _____

NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security 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 NAME: _____

SOCIAL SECURITY NO.: _____

FEDERAL EMPLOYEE IDENTIFICATION NO.: _____

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

I hereby certify that I have read and I am familiar with Connecticut State Statutes Sections 13b-80 through 13b-94(a) and Public Utilities Commission State of Connecticut Docket No. 8500, Motor Buses, Rules, Regulations, and Equipment Standards, February 7, 1952.

State of Connecticut

County of _____

I (We), the undersigned:

APPLICANT

(PRINT – NAME)

(TITLE)

(TELEPHONE)

Under oath, say that the foregoing application has been prepared by me, or under my 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 on this _____ day of _____, _____.
(DAY) (MONTH) (YEAR)

Notary Public/Commissioner of Superior Court

Applicant's Signature

APPLICATION CHECK SHEET

PLEASE ENCLOSE THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE. FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.

- APPLICATION FEE - \$200.00 cash, check, or money order payable to "Treasurer, State of Connecticut".
- FEDERAL MOTOR CARRIER CERTIFICATE (MC NO.) **IF NOT SUBMITTED, APPLICATION WILL BE RETURNED.**
- LIST OF CORPORATE OFFICERS, LIMITED LIABILITY COMPANY MEMBERS, OR ANY PARTY HOLDING 10% OR MORE OF STOCK IN CORPORATION.
- CURRENT CRIMINAL CONVICTION HISTORY REPORT ON ALL CORPORATE OFFICERS, LIMITED COMPANY MEMBERS, SOLE PROPRIETOR, PARTNERS IN PARTNERSHIP, OR ANY PARTY HOLDING 10% OR MORE OF STOCK IN CORPORATION. OUT OF STATE APPLICANTS **MUST** SUPPLY CRIMINAL CONVICTION HISTORY REPORT FROM THEIR STATE.
- 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.
- SIGNATURES AND TELEPHONE NUMBERS.
- APPLICATION NOTARIZED.
- COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBERS.