



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

Application for Additional Taxicab Expedited

APPLICATION NO. _____

Please type or print. The fee noted next to the type of application being completed must accompany this application. The fee must be cash, check or money order payable to “Treasurer, State of Connecticut”. Application fee is **non-refundable**. **DO NOT MAIL CASH**. Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. If additional space is needed for any item, attach on separate sheet of paper. The information should be submitted to the following address:

Connecticut Department of Transportation
Regulatory and Compliance Unit
2800 Berlin Turnpike
Newington, CT 06131-7546

According to Connecticut State Agency Regulations Section 13b-96-8(e) – The expedited application process shall not be utilized by any certificate holder who has a current contract with Bradley International Airport to provide taxicab service in the queue line.

APPLICATION FOR (1) ADDITIONAL TAXICAB VEHICLE THROUGH THE EXPEDITED APPLICATION PROCESS, CONNECTICUT GENERAL STATUTES SECTION 13b-96-8 (\$88.00)

(Please complete the information below in its entirety)

SECTION I.

In accordance with and under the provisions of Connecticut General Statutes Section 13b-97(a), the following hereby makes application for authority to operate one additional motor vehicle(s) in taxicab service within and to and from _____ through the expedited process pursuant to Connecticut General Statutes Section 13b-97(a).

1) APPLICANT _____

2) OWNER(S) _____

3) MAILING ADDRESS of APPLICANT _____

4) CITY/STATE/ZIP _____

5) PHYSICAL ADDRESS (if different) _____

6) PHONE NUMBER _____

7) Is 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 or Incorporation or Articles of Organization together with this application.)

8) Is the applicant represented by an attorney? Yes No If yes, please list the name, address and telephone number of attorney. _____

9) The applicant is holder of Taxicab Certificate No. _____ and under this certificate, the applicant is authorized to operate _____ motor vehicles within _____ (number) and to and from _____ (list territory)

10) Has the applicant applied for an additional taxicab through the expedited process before this application? Yes No If yes, please list the date of issuance authority through the expedited process _____.

Specify the type of vehicles for which a certificate is sought below:

Vehicle Year	Vehicle Make	Vehicle Type	Seating Capacity	Vehicle Registration Number

11) The applicant is holder of Taxicab Certificate No. _____ and currently does not have a contract with Bradley Airport to provide taxicab service to the queue line. Yes No

Section II.

- 1) Has any owner, partner, limited liability company (LLC) member, officer of the applicant, or any person owning over 10% of stock in the company making this application 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, officer, or person owning over 10% of stock of a corporation or members of a limited liability company.**

(Criminal Conviction History Report is required for each individual listed in the application)

- 2) Have any of the owners, partners, officers, or LLC members of the applicant ever had their operators license revoked or suspended? Yes No

If yes, by what state? _____

- 3) Has the owner(s) had any motor vehicle accidents while operating a motor vehicle?
 Yes No

If yes, state the approximate date and give details: _____

- 4) Has your partner(s), any officer's or LLC member's license ever been revoked or suspended?
 Yes No

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

5) Are all of the vehicles in the applicant's fleet in use? _____

6) Have all of the applicant's vehicles authorized under its taxicab certificate been in use for taxi service four (4) months prior to the date of this application?

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

Application Certification and Signatures

By signing below, I certify that I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that the submitted information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense under § 53a-157b of the Connecticut General Statutes.

Signature

Date

Print Name

Relationship to applicant (owner,
partner, LLC member)

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.

- MAKE SURE ALL NECESSARY SECTIONS OF THE APPLICATION ARE COMPLETED.
- APPLICATION FEE - \$88.00 cash, check, or money order payable to “Treasurer, State of Connecticut”.
- LATEST AVAILABLE FINANCIAL STATEMENT (DATED WITHIN ONE (1) MONTH OF THE DATE OF THE APPLICATION).
- CURRENT CONNECTICUT CRIMINAL CONVICTION HISTORY REPORT ON ALL PERSONS, SOLE PROPRIETOR AND/OR PARTNERS OF PARTNERSHIP