

HILLSBOROUGH COUNTY
PUBLIC TRANSPORTATION COMMISSION

P.O. BOX 1110, TAMPA, FL 33601
(813) 272-5814 – FAX (813) 272-6288

APPLICATION
FOR
CERTIFICATE

FOR
LIMOUSINE, VAN, HANDICAB
AND BLS AMBULANCE SERVICE

(COMMISSION USE)

COMPANY NAME: _____

TYPE SERVICE: _____

DATE RECEIVED: _____

Certificate No. _____

**HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
(HCPTC)
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

This is an application for a Certificate to establish a vehicle-for-hire service to operate in Hillsborough County. Please indicate below the type of service you are seeking approval to begin and the number of vehicle permits you are asking for to perform this service.

Name of proposed service: _____

_____ ***Limousine (Stretch/Sedan/SUV)** **Number of permits requested** _____

_____ ***Van** **Number of permits requested** _____

_____ **BLS Ambulance** **Number of permits requested** _____

_____ **Handicab** **Number of permits requested** _____

➤ _____ **Initial here if the application is for limousine or van service to only pick up at ports of entry in Hillsborough County (Tampa International Airport, Tampa Seaport cruise liner terminals, train station, bus terminal). This Certificate will be considered a limited service Certificate and will be restricted from picking up at other locations in the county. See Rules for fees associated with a restricted Certificate.**

➤ **Note: Each Certificate applied for requires separate application fee of \$1,000.00. Each vehicle permit requires a specific fee upon approval and at each renewal. See the Rules for those specific amounts.**

Name, address and current phone number of three (3) references:

Full Name Address Current Phone Number

1. _____

2. _____

3. _____

Applicant's Initials _____

HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
(HCPTC)
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

If Individually Owned

Name of Service: _____

Business Street Address: _____

City _____ **State** _____ **ZIP** _____ - _____

Phone (____) _____ **Fax** (____) _____

E-mail (if any) _____

Business Mailing Address (complete only if different from above):

Owner's Full Name: _____

Birth Date ____/____/____ **Age** ____ **Sex** _____ **Race** _____

Height _____ **Weight** _____ **Eye Color** _____ **Hair Color** _____

Owner's Home Street Address _____

City _____ **State** _____ **ZIP** _____ - _____

Phone (____) _____ **Fax** (____) _____

SSN _____ - _____ - _____

Florida DL Number _____ **State** _____

Date DL Issued ____/____/____

Applicant's Initials _____

HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
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If Partnership, Association or Limited Liability Company (LLC) Owned:

Name of Service: _____

Business Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (_____) _____ Fax (_____) _____

E-mail (if any) _____

Mailing Address (If different from above): _____

Partner/Member Full Name: _____ SSN [] - [] - []
Birth Date ____/____/____ Age ____ Sex ____ Race ____
Height ____ Weight ____ Eye Color ____ Hair Color ____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Home Phone (_____) _____ Fax (_____) _____

E-mail _____

Driver License Number [] State _____ Date Issued ____/____/____

Partner/Member Full Name: _____ SSN [] - [] - []
Birth Date ____/____/____ Age ____ Sex ____ Race ____
Height ____ Weight ____ Eye Color ____ Hair Color ____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Home Phone (_____) _____ Fax (_____) _____

E-mail _____

Driver License Number [] State _____ Date Issued ____/____/____

.....

Partner/Member Full Name: _____ SSN [] - [] - []
Birth Date ____/____/____ Age ____ Sex ____ Race ____
Height ____ Weight ____ Eye Color ____ Hair Color ____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Home Phone (_____) _____ Fax (_____) _____

E-mail _____

Driver License Number [] State _____ Date Issued ____/____/____

(Use Additional Sheets if Necessary)

Applicant's Initials _____

HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
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If a Corporation:

Name of Corporation: _____

(Attachment 14 must include Articles of Incorporation)

Date Incorporated ____/____/____

Trade Name (if any) _____

FICTITIOUS NAME REGISTRATION: If utilizing a fictitious name for a person, firm, group, combination of individuals or partnership, evidence of compliance with Section 865.09, Florida Statutes, must be included with this application.

Business Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (____) _____ Fax (____) _____

E-mail _____

Mailing Address (If different from above): _____

President (or corporate designee) full name: _____

Sex _____ Race _____ Height _____ Hair color _____ Eye Color _____

Weight _____ Birth date ____/____/____ Age _____ SSN _____ - _____ - _____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (____) _____ Fax (____) _____

Driver License Number _____ State _____ Date Issued ____/____/____

Applicant's Initials _____

**HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
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APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

(Corporate Owned Continued)

Corporate Officers/Directors (use continuation sheet if necessary)

FULL NAME/TITLE	ADDRESS	DATE OF BIRTH	RACE/SEX	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registered Agent:

➤ **Applicants representing corporations must submit evidence that the individual is authorized to act on behalf of the corporation.**

Name: _____ **SSN** _____

Address: _____

City _____ **State** _____ **ZIP** _____ - _____

Phone Number (_____) _____ **Fax** (_____) _____

E-mail _____

Signature _____

Applicant's Initials _____

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REQUIRED ATTACHMENTS

(Prepare each attachment separate from the other attachments. Put supporting documents for a particular attachment immediately behind that attachment. Address each lettered sub-element listed for each attachment)

Attachment 1. A statement or document that describes the adequacy of existing service and other forms of transportation for passengers.

- a. Describe why current level of service provided by existing service providers and/or other forms of transportation is inadequate.
- b. Describe how your requested service will satisfy this inadequacy.
- c. Describe what demands from the traveling public are currently unmet.
- d. Describe how your proposed service will satisfy this unmet demand.

Attachment 2. A statement or document that describes the probable permanence and quality of the service offered by the applicant.

- a. Describe or show evidence/documentation that demonstrates the length of time your service has been in operation.

Attachment 3. A statement or document that describes the character of service proposed by the applicant as demonstrated by the proposed use of any two-way voice communications, the proposed type of service to be offered and the proposed number and character of vehicles.

- a. Explain exactly how you plan to or currently communicate with the vehicles in your fleet
- b. Do you plan to or do you currently have a fixed base operation?
 - 1) If available, provide photograph of your facilities.
- c. Describe the character of the vehicles you propose to operate?

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Attachment 4. A statement/document that describes the financial status, character, and responsibility of the applicant as demonstrated by the applicant’s ability to provide, maintain, and operate the number of vehicles proposed to be operated in accordance with the type of service proposed in the application, the applicant’s criminal and traffic record, and credit record, if any. Include a listing of vehicles the applicant intends to utilize. This listing (proposed or actual) should list make, model, year and passenger seating capacity of each vehicle. The applicant must submit for a current credit report from an accredited credit monitoring agency or credit bureau, to become part of this application upon receipt by the Commission staff. This report shall be forwarded directly to the Commission office at the applicant’s expense.

- a. Provide information/documentation that describes how your business is financially structured to ensure the ability to operate the service you propose to operate.
- b. Provide information that explains how vehicles will be obtained.
- c. Provide information that explains the maintenance program to be implemented to support the service proposed.
- d. Have a credit report for the applicant sent to the Office of the PTC. The report must be current (within last 3 months).
- e. Provide a detailed list of the vehicles intended to be utilized. Include make, model, year and passenger seating capacity. If vehicles are not yet acquired, include the information of the proposed vehicles to be obtained.
- f. Provide information regarding the applicant’s intent to use vehicles owned by the applicant or those owned by private vehicle owners.
- g. If applicant plans to use those vehicles owned by private owners, explain how the applicant intends to control those operators and to ensure they are operating under the supervision of the applicant.

Attachment 5. A statement or document that describes the experience of the applicant in the operation as an owner or manager or as a driver for the type of service proposed.

- a. Provide information that describes the background of the applicant.

Attachment 6. A statement or document that describes any other facts or circumstances that would indicate whether the proposed service is in the public interest.

- a. Provide any additional information/documentation that would enhance the opinion that the proposed service is needed and valuable to the traveling public.

Attachment 7. A proposed color and schematic design for vehicles in the applicant’s fleet of vehicles (if applicable). This can be a photograph or an artist’s drawing of the proposed design. This should include any plans for advertising and lettering. This attachment, once approved, must be followed by the applicant for all permitted vehicles operating under the Certificate.

- a. Attach photographs or artist’s drawings that clearly depict the proposed color, lettering and graphic designs to be used in connection with the proposed service. These schematics will be used as a record for the approved version so ensure they are precise.

HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
(HCPTC)
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Attachment 8. A listing of proposed services and rates. This should be a factual statement describing the proposed services to be provided by the applicant if approved including the type of service, hours and days of operation, market to be served, geographic areas to be served, a schedule of rates to be charged for the services proposed and any other pertinent data you wish the Hearing Officer and the Commission to consider.

- a. Provide a listing of proposed services and rates.
- b. Provide a description of the service you propose to provide.
- c. Indicate the market this service is intended to serve.
- d. Explain what geographic areas the service will support.

Attachment 9. The applicant's plan for facilities, insurance coverage, complaint handling, accident and injuries handling, drug-free workplace implementation, business accounting or other pertinent management areas the applicant desires to highlight.

- a. Provide information that describes these items.

Attachment 10. Any occupational licenses required at applicant's business address.

- a. Provide a copy of the current occupational license(s) required for business address.

Attachment 11. Articles of Incorporation, for corporate applications, obtained from the Florida Secretary of State's Office in Tallahassee at applicant's expense.

- a. Include copies of Articles of Incorporation for corporate applications.
- b. Include fictitious name approval documentation, if applicable.

Attachment 12. Completed Drug-Free Workplace compliance form provided by the Commission staff and completed by the applicant.

- a. Attach the completed drug free workplace compliance form.

Attachment 13. A statement from the applicant disclosing whether or not there are any written or oral agreements in place that would affect the ownership or control of the service being applied for.

- a. Add a statement to respond to this attachment.

Attachment 14. Completed fingerprint card and photo from Sheriff's Office.

- a. The applicant must have photograph and fingerprints taken by the Hillsborough County Sheriff's Office (Falkenburg Road) on forms provided by the Commission staff. These documents will be returned to the Commission office directly and will become part of the application packet upon receipt.

**HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
(HCPTC)
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

Attachment 15. Florida Department of Law Enforcement Criminal Background Check documentation.

- a. A criminal history will be obtained through the Florida Department of Law Enforcement by the Commission staff and included in the application packet.

Attachment 16. A Department of Highway Safety and Motor Vehicles Division driver record will be obtained by the Commission staff and will be included in the application packet.

- a. The applicant will be expected to address any issues that surface as a result of the receipt of information in this report.

Attachment 17. Compliance form attached to application packet is completed.

Attachment 18. Acknowledgement form attached to application packet is completed.

Attachment 19. Copies of receipt(s) reflecting payment of fee(s). Included by staff.

Attachment 20. Application Fee Receipt.

- a. The applicant must submit \$1,000.00 (non-refundable) with the submission of the application. For applications that contain a request for more than one type of Certificate, a separate application fee must be submitted for each Certificate applied for.

Attachment 21. Hearing Officer Fee Receipt.

- a. The applicant must initially submit \$600.00 to the Commission staff for the purposes of paying the cost of the hearing officer public hearing. The hearing officer public hearing will not be held minus this payment. If the total cost of the hearing officer public hearing exceeds \$600.00, the applicant must pay the additional fees upon receipt of an invoice statement from the Commission. In the event that existing Certificate Holders intervene in the hearing officer public hearing, the hearing officer costs will be shared equally by the applicant and the intervenor(s).

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(HCPTC)
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Compliance Form

I, _____, of _____,
(Individual or Representative) (Partnership, Company or Corporation)

do hereby swear/affirm that the listed applicant company is in compliance with all applicable county and municipal ordinances and codes; state laws, regulations and codes; and federal laws and codes.

Applicant's signature _____
(signed in presence of notary public)

A F F I D A V I T

State of Florida

County of _____

On this _____ day of _____, 20____,

personally appeared before me the above named person, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public: _____

My commission expires: _____

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(HCPTC)
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Acknowledgement

It is acknowledged by the applicant that this application shall be investigated by the Hillsborough County Public Transportation Commission who shall have the authority to require such further investigation or additional information as deemed necessary to adequately inform the Hillsborough County Public Transportation Commission about the applicant's proposed operations and the public need therefore.

I hereby certify that I have read and understand Chapter 2001-299, Laws of Florida, and the Rules and Regulations of the Hillsborough County Public Transportation Commission, and if granted a Certificate of Public Convenience and Necessity, will fully comply with its provisions.

**Applicant's Signature _____
(Individual authorized to represent the company, partnership or corporation)**

A F F I D A V I T

State of Florida

County of _____

On this _____ day of _____, 20____,

personally appeared before me the above named person, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public: _____

My commission expires: _____

Applicant's Initials _____