



**APPLICATION
FOR
TRANSPORTATION NETWORK COMPANY PERMIT**

DATE: _____

S.C. Code Ann. § 58-23-1610 *et seq.* requires a Transportation Network Company (“TNC”) to obtain a Permit from the South Carolina Office of Regulatory Staff (“ORS”) prior to TNC services being advertised or operated in South Carolina.

Please print or type all required information on this pdf-fillable Application form. Identify all exhibits, affidavits and attachments with the Exhibit Title (Example: Exhibit A-2 South Carolina Corporate Filing) and legal name of the Applicant. Incomplete Applications will be returned.

File the Application with the ORS at the following address:

South Carolina Office of Regulatory Staff

Attn: Transportation Department

1401 Main Street, Suite 900

Columbia, SC 29201

Phone: 803/737-0800

Fax: 803/737-0801

A. APPLICANT INFORMATION

A-1 Legal name of entity under which business is to be conducted in South Carolina.

Name of Entity

Physical Address of Entity

Mailing Address of Entity (if different from street address)

Phone

Fax

Email Address

A-2 Exhibit A-2: South Carolina Corporate Filing

If the Applicant is a corporation, provide a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation. If the Applicant is incorporated outside of SC, provide the Certificate of Authority from the South Carolina Secretary of State.

A-3 Select Entity Type: (Check one)

- Proprietor
- Partnership
- Corporation
- Limited Liability Company
- Other

A-4 Applicant's Primary Contact Information

Name

Mailing Address

Title

Phone Fax

Email Address

A-5 Applicant's Designated Agent Information

Name

Physical Address

Title

Toll-Free Phone Fax

Email Address

A-6 Applicant's Federal Tax Identification Number

PROVIDE THE FOLLOWING INFORMATION AS SEPARATE EXHIBITS AND LABEL AS INDICATED.

A-7 Exhibit A-7: Insurance Requirements

Provide a Certificate of Liability that meets the minimum limits and complies with S.C. Code Laws § 58-23-1630.

A-8 Exhibit A-8: Trade Dress

Provide a copy of the Trade Dress that complies with S.C. Code Laws § 58-23-1640(F).

A-9 Exhibit A-9: Applicable Rates

Identify the method the Applicant proposes to use to calculate customer fares or the applicable rates for TNC services.

B. STATEMENTS AND ATTESTATIONS

B-1 The Applicant or an authorized agent for the Applicant must sign this form.

State of: _____

County of: _____

_____, Affiant, being duly sworn/affirmed according to the law,
deposes and says that: He/She is the _____ (Authorized Agent) of
_____ (Name of Applicant):

That he/she is authorized to and does make these statements/attestations for the Applicant,

- 1) The Applicant herein, attests that all information provided in this Application for the TNC Permit is true and complete in all material respects. If there are material changes during the pendency of the Application, I agree that Applicant will notify ORS of the change and, if necessary, provide documentation.
- 2) The Applicant herein, attests that it will comply with all aspects of S.C. Code Ann. § 58-23-1610 *et. seq.*
- 3) The Applicant shall maintain at all times primary automobile insurance coverage in the amounts provided for in S.C. Code Ann. § 58-23-1630. Any changes to primary automobile insurance coverage shall be reported to the ORS.
- 4) The Applicant shall disclose to drivers, in writing, the information required by S.C. Code Ann. § 58-23-1635.
- 5) The Applicant shall have a certified mechanic conduct a safety inspection of a driver's vehicle within 30 days of the vehicle providing service and shall abide by S.C. Code Ann. § 58-23-1640 and shall keep true and accurate records as required by law.
- 6) The Applicant shall obtain, before allowing a driver to provide service and annual thereafter, background and qualification information in compliance with S.C. Code Ann. § 58-23-1650 and shall keep true and accurate records as required by law.
- 7) The Applicant shall operate in compliance with S.C. Code Ann. § 58-23-1660.
- 8) The Applicant shall maintain a record of all services provided in South Carolina for a period of three (3) years and shall keep true and accurate records as required by S.C. Code Ann. § 58-23-1670.
- 9) The Applicant shall collect a local assessment fee and submit information on local assessment fees in accordance with S.C. Code Ann. § 58-23-1700.
- 10) The Applicant herein, attests that it will cooperate fully with the South Carolina Office of Regulatory Staff on any matter including the investigation of any consumer complaint regarding any service offered or provided by the Applicant.
- 11) The Applicant herein, attests that it will not transfer or assign the Certificate granted to the Applicant under S.C. Code Ann. § 58-23-1620 *et. seq.* without prior approval from the South Carolina Office of Regulatory Staff.

I, _____, verify under the laws of the State of South Carolina, that all information supplied or relating to this application is true and correct. I know that willful misstatements or omissions of material fact constitute civil violations punishable by fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This _____ day of _____, 20 _____

Applicant's Printed Name

Applicant's Signature

Notary Public _____

Commission Expires _____