NEW YORK STATE DEPARTMENT OF TRANSPORTATION
APPLICATION FOR AUTHORITY TO TRANSPORT PASSENGERS

Use this form to apply for authority to transport passengers as a common carrier (a carrier that serves the general public and charges individual fares, i.e., a bus line, ambulette or transit disabled, airport or correctional facility service) or as a contract carrier (a carrier that has a contract with a person or organization for the exclusive use of a vehicle at a fixed price) ENTIRELY in New York State.

If you want to transport chartered or special parties (individuals or organizations who travel together as a group to a specific destination or for a particular itinerary as determined by a carrier in round-trip transportation) ENTIRELY in New York State, you must file an Application for Authority to Transport Passengers in Charter Service (OMSS #001). This form is available online at https://www.dot.ny.gov/divisions/operating/osss/bus/passenger or by contacting NYSDOT at 518-457-6512 or by e-mail to operating.authority@dot.ny.gov. General information concerning the process and requirements for obtaining passenger authority from the Department can be found at https://www.dot.ny.gov/divisions/operating/osss/bus/passenger.

If you want to transport passengers between two states, you must have authority from the Federal Motor Carrier Safety Administration (FMSCA). Information on federal authority can be obtained at http://www.fmcsa.dot.gov or by contacting 1-800-832-5660.

INSTRUCTIONS:

1. An original application must be submitted to NYSDOT, Office of Modal Safety and Security, 50 Wolf Road, POD 53, Albany, New York 12232-0879.
2. The filing of an application does not allow an applicant to operate. Operations that are started before authority is issued may result in denial of the application and/or the imposition of a $5,000 civil penalty.
3. Each question on the application form must be answered completely. Failure to do so may result in the rejection or delay of the application.
4. Please print legibly. If we cannot read your handwriting, your application will be returned to you.
5. If you need additional space to answer a question, please use a separate sheet of paper and identify the question that you are answering by including the name of the company and the Title and Section Number of the question you are answering on the separate sheet of paper.
6. An applicant may:
   a. Represent themselves,
   b. Be represented by an officer of the company,
   c. Be represented by a non-paid representative, or
   d. Be represented by either a paid representative who can be a NYS licensed attorney or a transportation practitioner who is licensed by the USDOT.

If you have any questions relating to your application, you can call 518-457-6512 or send an e-mail to operating.authority@dot.ny.gov.
NEW YORK STATE DEPARTMENT OF TRANSPORTATION
APPLICATION TO TRANSPORT PASSENGERS

PLEASE PRINT LEGIBLY

__________________________
(Full Legal Name of Company)

I. BUSINESS TYPE:

Indicate the form of business below and submit one copy of the required document with the application. The document should be identified as “Appendix A.”

<table>
<thead>
<tr>
<th>Form of Business</th>
<th>Required Document to be Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Individual</td>
<td>None</td>
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<tr>
<td>□ Individual with a d/b/a</td>
<td>Certificate filed with the County Clerk</td>
</tr>
<tr>
<td>□ Partnership</td>
<td>Certificate filed with the County Clerk</td>
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<tr>
<td>□ Partnership with a d/b/a</td>
<td>Certificate filed with the County Clerk</td>
</tr>
<tr>
<td>□ NYS Limited Liability Company (LLC)</td>
<td>Receipt from the NYS Department of State</td>
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<tr>
<td>□ NYS LLC with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
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<tr>
<td>□ NYS Corporation</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS Corporation with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>□ NYS Limited Partnership (LP)</td>
<td>Receipt from the NYS Department of State</td>
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<tr>
<td>□ NYS LP with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
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<tr>
<td>□ Foreign Corporation</td>
<td>Receipt from the NYS Department of State</td>
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<tr>
<td>□ Foreign Corporation with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
</tbody>
</table>

If the company is doing business under an assumed name, please list the assumed name below:

______________________________________________________________________

II. COMPANY’S INFORMATION:

1. Physical address where business records may be examined:

   ____________________________
   (Street -- A Post Office Box is not acceptable)

   ____________________________
   (Municipality, State, Zip Code)
2. Mailing address (if different than the physical address):

__________________________________________________________________________

(Street or Post Office Box Number)

__________________________________________________________________________

(Municipality, State, Zip Code)

3. Telephone Number: _________________________________

4. Fax Number: _________________________________

5. Cell Number: _________________________________

6. E-mail address: ____________________________________

7. Website: __________________________________________

8. Federal employer identification # (FEIN) ___ ___ - ___ ___ ___ ___ ___ ___. If you do not have a FEIN, list individual’s social security # __ __ __ - __ __ - __ __ __ __.

9. Does the applicant or any of its owners or officers presently hold or has held a certificate or permit from NYSDOT? □ YES or □ NO

If YES, please list case number(s): _________________

10. Please provide the following information for the person who will be in charge of the day to day operations of the company and who can be contacted by NYSDOT staff:

   a. Name: __________________________________________

   b. Title/Position: __________________________________

   c. Telephone Number: _______________________________

   d. Cell Number: _________________________________

   e. E-mail address: __________________________________

III. FEDERAL AUTHORITY AND REGISTRATION:

1. Does the applicant or any of its owners or officers have or have ever held a USDOT Number? □ YES or □ NO

If YES, please list the number(s): _________________

2. Does the applicant or any of its owners or officers hold authority or has held authority from the federal government? □ YES or □ NO

If YES, please list the MC number: _________________
IV. OWNERS AND OFFICERS OF THE COMPANY:

Please list names, percent of ownership and titles of all owners and officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>% of Ownership</th>
<th>Title</th>
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V. VEHICLE(S) TO BE USED BY THE COMPANY:

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>GVWR*</th>
<th>MRSC **</th>
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* The GVWR (Gross Vehicle Weight Rating) is determined by the manufacturer and is the maximum weight that you can operate a vehicle. It may be different from the weight of a vehicle as listed on the registration or title. The GVWR is listed on a tag which is generally located on the jam of the driver’s door.

** The MSRC (The Manufacturer’s Rated Seating Capacity) is listed on a tag which is generally located on the jam of the driver’s door. It is the maximum seating capacity of the vehicle and may be different from the number of seats actually in a vehicle.

VI. SAFETY:

1. Does the applicant and/or any of its owners or officers work for or own a company that now has or in the past has had a Federal Motor Carrier Safety Administration (FMSCA) safety fitness rating of unsatisfactory or are under a current or were under a federal out of service order? □ YES or □ NO

If YES, please explain in detail the circumstances surrounding the rating and/or the order:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. By submitting this application, the applicant certifies that it is familiar and will comply with Article 19 (licensing of drivers) and Article 19-A (requirements for bus drivers) of the Vehicle and Traffic Law and Article 6 (matters relating to all motor carriers) and Article 7 (carriers of passengers by motor vehicles) of the Transportation Law. These laws can be found at http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO. When the website loads, you will click on the Laws button. A page displaying the laws will appear and you can click on either the TRA button for the Transportation Law or the VAT button for the Vehicle and Traffic Law.

3. By submitting this application, the applicant certifies that it is familiar and will comply with the following regulations which can be found at https://www.dot.ny.gov/divisions/operating/osss/bus/rules-regulations:

   a. 17 NYCRR §701.1 -- Rendition of continuous, safe & adequate service.
   b. 17 NYCRR Part 720 -- Vehicle safety regulations.
   c. 17 NYCRR Part 721 -- Vehicle/driver operational requirements.
   e. 17 NYCRR Part 723 -- Hours of Labor.
   f. 17 NYCRR Part 742 -- Report of accidents.
   g. 17 NYCRR Part 750 -- Insurance.
   h. 17 NYCRR Part 781 -- Use of non-owned equipment by passenger carriers.

4. By submitting this application, the applicant certifies that it will have a system in place and an individual who will be responsible for ensuring overall compliance with all applicable laws and regulations, especially those relating to:

   a. The reporting of accidents.
   b. Driver qualifications.
   c. Hours of service.
   d. Drug and alcohol testing requirements.
   e. The inspection, repair and maintenance of vehicles.

5. By submitting this application, the applicant certifies that it will have a driver safety training/orientation program in place.

6. By submitting this application, the applicant certifies that it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.

VII. FITNESS:

1. TRANSPORTATION EXPERIENCE: Describe in detail the transportation for hire experience of the applicant or its principal:

____________________________________________________________________

____________________________________________________________________
2. **CRIMINAL HISTORY:** Has the owner or any of its officers ever been convicted of a misdemeanor or felony? □ YES or □ NO

If YES, please explain in detail:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. **REGULATORY HISTORY:** Has any authority, license, franchise, certificate, Medicaid Provider Number, etc., issued to the company, owner(s) or its officers ever been suspended or revoked, have any charges/allegations now pending before any court, regulatory body or governmental agency or is currently being investigated by any regulatory body or government agency? □ YES or □ NO

If YES, please explain in detail: _________________________________________________
________________________________________________________________________
________________________________________________________________________

**VIII. DESCRIPTION OF SERVICE:**

1. Will the transportation service be open to the general public? □ YES or □ NO

If YES, you must provide original Public Statements in Support of the application by individuals or organizations that support the proposed service in the counties you are applying to serve. The decision to grant or deny the application will, to a great extent, be based on the quality and quantity of these statements. A Public Statement in Support form can be found on Page 10 and may be reproduced in order to provide multiple statements from the public. **However, each form that is submitted must be prepared by and have an original signature of the individual or the organization’s representative supporting the service.**

Submitted with this application are ________ Public Statement(s) in Support.

# OF

If NO, you must provide a fully executed Contract Addendum which can be found on Page 11 of this application.
2. Check box to indicate the type of service you wish to provide and fill in the territory you wish to provide service in:

A. □ Ambulette or Transit Disabled service

Between all points in: ____________________________________________

List each County

OR

Origination (From): ____________________________________________

Starting point, including the County

Destination (To): ____________________________________________

Ending point, including the County

B. □ Airport(s) C. □ Correctional Facility(ies)

Origination (From): ____________________________________________

Starting point, including the County

Destination (To): ____________________________________________

List airport or correctional facility, including the County

D. □ Bus line Service – Describe entire route(s). Attach separate sheet, if necessary, labeled Bus Line Service Route.

Origination (From): ____________________________________________

Starting point, including the County

Destination (To): ____________________________________________

Ending point, including the County

E. □ Other – Please describe:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Origination (From): ____________________________________________

Starting point, including the County

Destination (To): ____________________________________________

Ending point, including the County
3. Indicate how frequently the service will be provided:

☐ Daily ☐ Weekly ☐ On demand ☐ Other (describe below)

5. Indicate how fares or charges will be collected:

☐ Sale of tickets or collection of individual fares
☐ Contract with a group at a fixed price per bus
☐ Another method (describe below):

________________________________________________________________________
________________________________________________________________________
IX. VERIFICATION AND SIGNATURE OF THE OWNER:

FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this application are true and that I have the legal authority to submit this application on behalf of the applicant, under penalty of perjury, this _____ day of __________________ 20___.

____________________________________
PRINT NAME

____________________________________
SIGNATURE

____________________________________
TITLE

If you are representing yourself, you may disregard the next section.

If you are being represented by someone else, please complete the information below:

☐ NON-PAID REPRESENTATIVE ☐ PAID REPRESENTATIVE***

Name: ________________________________________________________________

Mailing Address: _______________________________________________________

___________________________________________

Telephone Number: ___________________________ Cell Number: ________________

Fax Number: ________________________________

Email Address: _______________________________________________________

Title (if officer of company): ____________________________________________

*** A paid representative must either be a NYS licensed attorney or a transportation practitioner licensed by USDOT.
THIS FORM MUST BE PREPARED AND SIGNED BY THE PERSON SUPPORTING THE APPLICATION.

PUBLIC STATEMENT IN SUPPORT OF THE APPLICATION OF

___________________________________________________________________

(Name of the company providing the transportation - Applicant)

1. Full Name __________________________________________________________________________
   (Name of Person or Company Supporting this Application)

2. Mailing address and telephone number of person or company supporting this application):
   ___________________________________________________________________________________

3. Describe the type and frequency of service you require to meet your transportation needs:
   ___________________________________________________________________________________

4. Indicate the origin and destination points, by county, where service is needed:
   ___________________________________________________________________________________

5. Describe any special equipment that may be required to meet your transportation needs:
   ___________________________________________________________________________________

6. Indicate why this application should be granted (additional sheets may be used, if necessary):
   ___________________________________________________________________________________

SUPPORT STATEMENT VERIFICATION

FALSE STATEMENTS MADE IN THIS APPLICATION ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this Statement of Support are true under penalty of perjury, this ______ day of _______20_____.

Signature ___________________________ Date ___________________________

Print name and title of person signing
CONTRACT ADDENDUM

LEGAL NAME OF THE APPLICANT: __________________________________________

LEGAL NAME OF CUSTOMER: _____________________________________________

TERM OF CONTRACT: FROM: ____________________ TO: ____________________

RENEWAL TERMS: _______________________________________________________

CANCELLATION TERMS: _________________________________________________

DESCRIBE THE SERVICE TO BE PERFORMED UNDER THE CONTRACT AND THE TERRITORY TO BE SERVED, INCLUDING THE ORIGIN AND DESTINATION COUNTIES:

_____________________________________________________________________

_____________________________________________________________________

THE CARRIER AND THE CUSTOMER HEREBY AGREE TO NOTIFY THE DEPARTMENT IN WRITING WITHIN FIVE DAYS OF THE CANCELLATION OF THE CONTRACT.

VERIFICATION AND SIGNATURE OF BOTH THE CARRIER’S AND CUSTOMER’S REPRESENTATIVE ARE REQUIRED.

FALSE STATEMENTS MADE IN THIS ADDENDUM ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this addendum are true and that I have the legal authority to submit this addendum on behalf of the applicant, under penalty of perjury, this ______ day of ________________ 20____.

_________________________________________
(Signature)

_________________________________________
PRINT NAME & TITLE

Accordingly, and with notice of the foregoing, I hereby affirm that all of the statements contained in this addendum are true and that I have the legal authority to submit this addendum on behalf of the customer, under penalty of perjury, this ______ day of ________________ 20____.

_________________________________________
(Signature)

_________________________________________
PRINT NAME & TITLE