NEW YORK STATE DEPARTMENT OF TRANSPORTATION
APPLICATION FOR TRANSFER OF PASSENGER AUTHORITY

Use this form to apply for approval of the sale or transfer of a company that has authority from NYSDOT to transport passengers. If an owner of the company is only selling or transferring a partial interest in the company, a different application (OMSS #003) must be filed and can be obtained at https://www.dot.ny.gov/divisions/operating/osss/bus/pasenger or by contacting the Department at 518-457-6512 or at operating.authority@dot.ny.gov.

For the purposes of filing this application, the following definitions are provided:

SELLER: The individual or entity that currently owns the company that currently has authority from the Department.

BUYER: The individual or entity that wants to own a company that currently has authority from the Department.

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 the new owner to operate. Operations that are started before approval of the change in ownership may result in the denial of the application and 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 a paid representative who can either 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 FOR TRANSFER OF PASSENGER AUTHORITY

PLEASE PRINT LEGIBLY

I. SELLER’S INFORMATION:

1. _____________________________________________ ____
   (Full legal name of the company that has authority) CASE #

2. Is the company doing business under an assumed name? □ YES or □ NO. If YES, you
   must submit a certificate filed with the County Clerk or a receipt from the NYS
   Department of State that shows that the company is authorized to use the assumed name
   and state the assumed name below:
   ___________________________________________________________________

3. Please list the names, percent of ownership and titles of all current owners and officers of
   the company that currently has authority prior to the transfer being approved:

<table>
<thead>
<tr>
<th>Name</th>
<th>% of Ownership</th>
<th>Title</th>
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<tbody>
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</tbody>
</table>

II. BUYER’S INFORMATION:

1. What percentage of the company that has authority is being sold or transferred? _____%

2. Please list the names, percent of ownership and titles of the new owners and officers of
   the company if the transfer is approved:

<table>
<thead>
<tr>
<th>Name</th>
<th>% of Ownership</th>
<th>Title</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
3. Does the buyer or any of its owners or officers presently hold or have ever held a USDOT Number?

☐ YES or ☐ NO. If YES, please list the number: __________________.

4. Does the buyer or any of its owners or officers presently hold or have ever held authority from the federal government?

☐ YES or ☐ NO. If YES, please list MC number: ____________.

5. Is the buyer going to operate the company under a new business name?

☐ YES or ☐ NO. If YES, please list the new name, identify the type of business and submit one copy of the required document, identified as Appendix A, with the application.

___________________________________________________________

(Full Legal Name of the New Company)

<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>☐ NYS LLC with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<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>
</tr>
<tr>
<td>☐ NYS LP with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>☐ Foreign Corporation</td>
<td>Receipt from the NYS Department of State</td>
</tr>
<tr>
<td>☐ Foreign Corporation with a d/b/a</td>
<td>Receipt from the NYS Department of State</td>
</tr>
</tbody>
</table>

III. COMPANY INFORMATION IF THE TRANSFER IS APPROVED:

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. 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: ____________________________

IV. FITNESS OF THE BUYER:

1. Describe fully the transportation experience of the buyer(s).

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
2. Will the transfer of ownership, if it is approved, adversely affect the financial condition of the company?

☐ YES or ☐ NO. IF YES, please explain how:

________________________________________________________________________

3. Has the buyer or any of its officers ever been convicted of a misdemeanor or felony?

☐ YES or ☐ NO. If YES, please describe in detail:

________________________________________________________________________

4. Has any authority, license, franchise, certificate, Medicaid Provider Number, etc., issued to the buyer(s) or any of its top officers ever been suspended or revoked or does the buyer(s) or any of its officers have any charges/allegations now pending before any court, regulatory body or governmental agency or is the buyer(s) or any of its officers currently being investigated by any regulatory body or government agency?

☐ YES or ☐ NO. If YES, please describe in detail:

________________________________________________________________________

5. If the transfer is approved, is the buyer going to exercise all of the authority currently held by the company? ☐ YES or ☐ NO. If NO, please list the service that is not going to be provided:

________________________________________________________________________

6. If the transfer is approved, will there be any change in the operational or management personnel of the company? ☐ YES or ☐ NO. If YES, please describe in detail the changes:

________________________________________________________________________
V. SAFETY:

1. Does the buyer and/or any of its officers work for or own a company that now has or in the past had a Federal Motor Carrier Safety Administration (FMCSA) safety fitness rating of unsatisfactory or are under a current or were under a federal out of service order? Please circle YES or NO. If YES, please explain in detail the circumstances surrounding the rating and/or the order:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. By submitting this application, the buyer 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 either click on the TRA button for the Transportation Law or the VAT button for the Vehicle and Traffic Law.

3. By submitting this application, the buyer 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 -- Retention of records.
   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 buyer certifies 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 buyer certifies it will have a driver safety training/orientation program in place.

6. By submitting this application, the buyer certifies it will only operate vehicles that have passed a NYSDOT vehicle safety inspection.
VI. SELLER’S VERIFICATION AND SIGNATURE:

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 seller, 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 be either a NYS licensed attorney or a practitioner licensed by the USDOT.
VII. BUYER’S VERIFICATION AND SIGNATURE

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PRINT NAME

____________________________________________
SIGNATURE

____________________________________________
TITLE

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