Application for Certificate
Of
Public Convenience & Necessity

(Office Use only)

Company Name: ____________________
Type Service: ______________________
Date Received: _____________________
Certificate No. _____________________
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 the City of Arlington. 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__________

_____ *Special Service Transportation Number of permits requested__________

_____ *Taxicab Service Number of permits requested__________

⇒ Note: Each Certificate applied for requires a separate application fee of $750.00. 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 ________
City of Arlington, Texas • Ground Transportation Permitting Office

Application for Certificate of Public Convenience and Necessity

IF INDIVIDUALLY OWNED:

Name of Service: ____________________________________________

Business Street Address: ______________________________________

City ___________________________ State _____ Zip _____________

Phone (_____ ) __________________ Fax (_____ ) ___________________

Email _______________________________________________________

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 (_____ ) ___________________

Confidential Information – NOT PUBLIC RECORD

SSN _______ - _______ - _______

Driver’s License Number __________________________ State _______

Date DL issued _____ / _____ / _____

Applicant’s Initials ________
Application for Certificate of Public Convenience and Necessity

IF PARTNERSHIP, ASSOCIATION OR LIMITED LIABILITY COMPANY (LLC) OWNED:

Name of Service: __________________________________________________________
Business Street Address: __________________________________________________
City ___________________ State _______ Zip __________________
Phone (_______) _______________ Fax (_______) ______________________
Email (if any) ____________________________________________________________
Mailing Address (complete only 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 __________________
Phone (_______) _______________ (_______) _______________ Email ____________________
Driver’s License No. ___________________ 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 __________________
Phone (_______) _______________ (_______) _______________ Email ____________________
Driver’s License No. ___________________ State _______ Date Issued _____ / _____ / _____

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Partner/Member Full Name: ___________________________________________ SSN ______-____-______
Birth Date: _____ / _____ / _____ Age___________ Sex___________ Race__________________
Height___________ Weight___________ Eye Color___________ Hair Color__________________
Home Street Address __________________________
City ___________________ State _______ Zip __________________
Phone (_______) _______________ (_______) _______________ Email ____________________
Driver’s License No. ___________________ State _______ Date Issued _____ / _____ / _____

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Partner/Member Full Name: ___________________________________________ SSN ______-____-______
Birth Date: _____ / _____ / _____ Age___________ Sex___________ Race__________________
Height___________ Weight___________ Eye Color___________ Hair Color__________________
Home Street Address __________________________
City ___________________ State _______ Zip __________________
Phone (_______) _______________ (_______) _______________ Email ____________________
Driver’s License No. ___________________ State _______ Date Issued _____ / _____ / _____

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Partner/Member Full Name: ___________________________________________ SSN ______-____-______
Birth Date: _____ / _____ / _____ Age___________ Sex___________ Race__________________
Height___________ Weight___________ Eye Color___________ Hair Color__________________
Home Street Address __________________________
City ___________________ State _______ Zip __________________
Phone (_______) _______________ (_______) _______________ Email ____________________
Driver’s License No. ___________________ State _______ Date Issued _____ / _____ / _____

Use Additional Sheets if Necessary

Applicant’s Initials _______
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IF A CORPORATION:

Name of Corporation: ____________________________________________

(Attachment 14 must include Articles of Incorporation)

Date Incorporated: _______ / _______ / _______  Trade Name (if any) ________________________________

Business Street Address: ____________________________________________

City __________________________ State _______ Zip __________________________

Phone (_____) ______________________ Fax (_____) ______________________

Email ______________________________

Mailing Address (complete only if different from above):

________________________________

________________________________

________________________________

President (or corporate designee) Full Name: ________________________________

Birth Date: _______ / _______ / _______  Age___________  Sex___________  Race___________

Height___________  Weight___________  Eye Color___________  Hair Color ________________

Home Street Address: ____________________________________________

City __________________________ State _______ Zip __________________________

Phone (_____) ______________________ Fax (_____) ______________________

SSN _____ - _____ - ______

Driver’s License Number __________________________ State _______

Date DL issued _____ / _____ / _____

Applicant’s Initials _______
## CORPORATE OWNED, continued

### Corporate Officers / Directors (use continuation sheet if necessary)

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### 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 (______) ___________________________  Fax (______) _________________________

Email __________________________________________

Signature _________________________________________

Applicant’s Initials ________
Application for Certificate of Public Convenience and Necessity

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?

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 City Administrator. This report shall be forwarded directly to the City of Arlington, Ground Transportation Permitting 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.

Applicant’s Initials ________
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 City of Arlington, Ground Transportation Permitting Office. 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/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 application.

**Attachment 6:** A statement/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 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 and 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.

**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 Administrator to consider.

a. 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.

Applicant’s Initials _______
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 Texas Secretary of State’s Office in Austin at applicant’s expense.

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

Attachment 12: A signed statement from the applicant describes evidence/documentation that demonstrates the company is a drug-free workplace.

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 ____________________.

  a. The applicant must have photograph and fingerprints taken by the ____________________ on forms provided by the City of Arlington staff. These documents will be returned to the City of Arlington, Ground Transportation Permitting Office directly and will become part of the application packet upon receipt.

Attachment 15: Texas Criminal Background Check documentation.

  a. A criminal history will be obtained through the Texas State Department of Transportation by the City Administrator and included in the application packet.

Attachment 16: A Department of Highway Safety and Motor Vehicles Division driver record will be obtained by the Administrator 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 $750.00 (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.

Applicant’s Initials ______  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 law and codes.

Applicant’s signature ________________________________________________
(signed in presence of notary public)

AFFIDAVIT

State of Texas

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 ________
Acknowledgement

It is acknowledged by the applicant that this application shall be investigated by the City of Arlington, Ground Transportation Permitting Office who shall have the authority to require such further investigation or additional information as deemed necessary to adequately inform the City of Arlington City Council about the applicant’s proposed operations and the public need therefore.

I hereby certify that I have read and understand Chapter ______ of the City of Arlington Transportation Ordinance, 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)

AFFIDAVIT

State of Texas

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 ________
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 law and codes.

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My commission expires ________________________________

Applicant’s Initials ______