## **Ground Transportation Operating Authority Application**

L. Service Name:					
Business Address:				Fax #:	
Street	City	State	Zip		
Email Address					<u></u>
2. Please circle the type(s) of Ope	erating Authority	requested:	:		
Limousine Service   Shutt				rvice   Electric Assist Pedi kicab Service	icab Service   Group Cycle
	sions of or who	has the au	uthority to	enter contracts on beh	er, and any other person who will nalf of the ground transportation
Name:			Texas Driv	er's License #:	
Address:				Telephone #:	
Street	City	State		 Zip	
					the Texas Department of Public s preceding the submission of the
5. Number of permits requested	for each service:				
Limousine	(Minimu	ım 1 Stretch	n Limo OR	4 Luxury SUV)	
Shuttle	(Minimu			, ,	
Charter Van	(Minimu	•			
Pedicab	(Minimu				
Electric-Assist Pedicab	(Minimu				
Group Cycle	(Minimu				
Touring/Sightseeing	(Minimu				
Taxicab Service		ım 23 Regul	lar & 2 WA	(V)	

Yr	. Make	Model	Body Style	Capacity	LP	VIN	
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lame	of Insurance Co.:		A	gent Name: _			
	of Insurance Co.: _						
							-
Age			Agent Ins	urance License	e #:		-
Age The	ant Phone #:	vide the following	Agent Insi	urance License d attach as pa	e #: rt of the app	lication:	
Age	applicant must pro Copies of the appropor under contract by	vide the following oriate following doc o the applicant:	Agent Insi	urance License d attach as pa	e #: rt of the app		
Age The	applicant must pro Copies of the appro or under contract by	vide the following priate following doc the applicant: of Title. cal contract, or	Agent Insi	urance License d attach as pa	e #: rt of the app	lication:	
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Age The	applicant must produce or under contract by Certificate	vide the following or the applicant: of Title. cal contract, or tract as appropriate ny documents required.	Agent Institution and uments to verify .	urance License d attach as pa that each vehice to be filed for	e #: rt of the app e proposed to the business e	lication:	oplicant is owned, le
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Age	Copies of the appropriate or under contract by Certificate Lease/rendo Other contract of Certified copies of a Texas Secretary of State of	vide the following doc the applicant: of Title. tract as appropriate my documents required to the certifying that tate.	Agent Institution and uments to verify when the desired by state law the business is stransportation se	urance License d attach as pa that each vehic  to be filed for in good standin	e #: rt of the app le proposed to the business e g if state law	lication: be operated by the aperated by the a	oplicant is owned, le
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Age	applicant must produce or under contract by Certificate Lease/rendo Other contracts of States Secretary of	vide the following documents: of Title. sal contract, or tract as appropriate my documents requistate certifying that tate. applicant's ground in of the proposed so f fare. e of liability insurantity of Austin, 1501 Tens the first tate are no	Agent Institution and uments to verify when the desired by state law the business is stransportation securice.	d attach as pathat each vehicle to be filed for in good standing rvice experience assurance coverant Texas, 78704 and an areas, 78704 and 38704	e #: rt of the app le proposed to the business e g if state law e.	lication:  be operated by the appropriate the second secon	oplicant is owned, le and a statement froi file documents wit

**7**. Provide the following information for each vehicle to be used to provide the service

	ny service that utilizes vehicles with a passenger capacity of 16 or more, including the driver, and desire the drivers to be exempt om the Chauffeur's Permit requirement must submit the driver's license number and a photocopy of each driver's license of the rivers that possess a valid Class "B" or "C" commercial driver's license with a passenger endorsement issued by the State of Texas and a certificate stating that the driver is physically qualified to drive a commercial motor vehicle issued by a qualified medical xaminer.
	huttle and non-motorized service applicants must submit proposed routes, stops, and schedules for approval by the Department.
	lorse-drawn carriage service applicants must provide:
	<ol> <li>Identify the location of all barns, stables, or other housing for horses and carriages.</li> <li>Describe the method to be used for keeping all carriage routes clear and free of animal void and excrement.</li> <li>Provide a letter from a licensed veterinarian identifying each animal and stating that each animal is in good health and capable of pulling a horse-drawn carriage with passengers.</li> <li>Submit the type of horseshoes to be used on each animal for Department approval.</li> <li>And describe the carriage wheels.</li> </ol>
I, is accu denial the info	b. Proposed Trade Name (d.b.a.). c. Proposed color scheme (if any). d. Include color photographs of the vehicles showing necessary logos (front, rear, both sides). e. Include photographs of meter types to be used along with any support documentation. f. Include photographs of the proposed rate card and placement inside the vehicle. g. Include company organization chart including all pertinent management staff.  3.00 non-refundable operating authority application fee must be submitted with the application (per industry).
	Signature of Applicant Date
	TE OF
•	SEFORE ME, the undersigned authority, on this day appeared, known to me to be on whose name is signed to the foregoing application and duly sworn by me states under oath that he has said application and that all of the facts therein set forth are true and correct.
Sworn	before me, this, the day of, 20