Transportation and Public Works Department

P.O. Box 1088 Austin, TX 78767 512-974-1150

Charter Bus Service Operating Authority Application

Service Name:	ice Name: Telephone #:		elephone #:	
Business Address:				Fax #:
Street	City	State	Zip	
Email Address				
no will participate in the busine	ss decisions of	or who has	the authorit	ficer, director, partner, and any other person to enter contracts on behalf of the groups and attached to the application.
insportation service. This inform	nation is to be	provided on	i a separate j	page and attached to the application.
ame:			Driver's Lic	ense #:
ldress:				Telephone #:
Street	City		Zip	·
Number of years of Texas resid	ency:	_		
sidence				uthority in the former or current state(s)
A detailed description of the pr	oposed service			
A detailed description of the pr	oposed service			
A detailed description of the pr	oposed service			
A detailed description of the pr				

Capacity LP Number VIN Number	Capacity	Model	

9. Do you provide transportation services for both intrastate and/or interstate routes?

10.	Name of Insurance Co.:		ce Co.: Agent Name:					
	Ag	ent Phone #:	Agent Insurance License #:					
11.	Th	e applicant r	ust provide the following information and attach as part of the application:					
			propriate following documents to verify that each vehicle proposed to be operated by the applicant is owned ct by the applicant:	d, leased,				
		o Lea	cate of Title. /rental contract, or					
		o And	er contract as appropriate.					
			of any documents required by state law to be filed for the business entity to legally exist, and a statement of State certifying that the business is in good standing if state law requires the entity to file documents of State.					
		Copy of DMV	ertificate which contains:					
			f of insurance coverage under applicable state and federal law; and for valid and current operating authority issued by the federal and/or state government.					
		An affidavit co	rifying that there are no outstanding judgments related to ground transportation service against a person des application.	cribed in				
		A copy of the company's Independent Contractor Agreement.						
	Provide the department with a current list of drivers, the driver's license number of each driver, and a photocopy of each valid, state-issued Class "B" or "C" commercial driver's license with a passenger endorsement and a certificate stating that the is physically qualified to drive a commercial motor vehicle issued by a qualified medical examiner.							
		Submit a rece	passing state inspection for each vehicle. Each type of vehicle must also be inspected by our department.					
		Photos submi	ed for each type of vehicle. Photos must include pictures of the exterior front, back, as well as interior.					
12.	Α \$	\$103.00 non	efundable operating authority application fee must be submitted with the application.					
der the the	ccu ial inf Au	rate, and I und this of this application properties.	, applicant, do swear or affirm that all of the information included within this app derstand that any omitted information or information found to be inaccurate will result tion for operating authority or the revocation of an operating authority that is granted baided in this application. I also swear or affirm that I have read and understand Chapter relating to Ground Transportation Services and agree to comply with the terms as written	t in the ased on 13-2 of				
				 Date				
THI	ST	ATE OF						
со	ראע	TY OF						
		BEFORE M	the undersigned authority, on this day appeared, known to	me to				
has	rea	ad the said a	e name is signed to the foregoing application and duly sworn by me states under oath to blication and that all of the facts therein set forth are true and correct.	that he				
Sw	orn	to before m	this, the day of, 20Notary Signature					
			Notary Signature					