

**WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION**

8701 Georgia Avenue, Suite 808
Silver Spring, MD 20910-3700
(301) 588-5260
www.wmatc.gov

**APPLICATION TO OBTAIN TRANSFER, OR AMEND
IRREGULAR ROUTE AUTHORITY**

USE THIS FORM to obtain, transfer, or amend authority to transport passengers for hire in motor vehicles over irregular routes between points in the Washington Metropolitan Area Transit District (Metropolitan District). A transfer of authority includes a merger, acquisition or other transfer of control over a carrier or a carrier's assets or operations.

THE METROPOLITAN DISTRICT consists of the following:

- The District of Columbia;
- Alexandria, Falls Church, Arlington County, and Fairfax County, Virginia, and the political subdivisions located therein;
- Montgomery County and Prince George's County, Maryland, and the political subdivisions located therein;
- Washington Dulles International Airport; and
- All other cities now or hereafter existing in Maryland or Virginia within the borders of the foregoing cities, counties, and airport.

DO NOT USE THIS FORM to make a simple name change or to add a seating capacity restriction to an existing certificate or to obtain authority for passenger transportation solely in Virginia.

INSTRUCTIONS

1. Check type of application(s) below.
2. Part I – Read and complete.
3. Part II – Include Attachment A *and if necessary*, Attachment B.
4. Part III – Read and sign Verification
5. File the original.
6. Pay filing fee(s). See below.

Note: The Commission will return half the filing fee if the application is not accepted for filing. Application filing fees are in addition to any publication cost and costs associated with a hearing if one becomes necessary.

<p>For Commission Use Only Case No. AP - _____ Date Filed: _____</p>
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TYPE OF APPLICATION (Check as Appropriate)

	Filing Fee
<input type="checkbox"/> Obtain Unrestricted Certificate of Authority - Operate any size vehicle (\$5 million insurance)	\$250.00
<input type="checkbox"/> Obtain Restricted Certificate of Authority - Operate only vehicles seating 15 persons or less (\$1.5 million insurance)	\$250.00
<input type="checkbox"/> Transfer Certificate (WMATC No. _____)	\$250.00
<input type="checkbox"/> Transfer Control (of WMATC No. _____)	\$250.00
<input type="checkbox"/> Remove Seating Capacity Restriction (of WMATC No. _____)	\$250.00
<input type="checkbox"/> Obtain Temporary Authority	\$125.00
<input type="checkbox"/> Obtain Temporary Approval of Transfer of Control	\$125.00

Total Paid \$ _____

PART I
Applicant Information

Form of Business

» Check the box that describes applicant's form of business.

<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC, LLP or LP	<input type="checkbox"/> Other
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	

Name and Address

» Applicant's complete legal name, street address, and phone MUST be completed. (*)
 » For transfer applications, the applicant is the one to whom authority is being transferred.
 » A trade name is not required. If applicant wishes to conduct business under a name different from its legal name, indicate the trade name and include Attachment B.
 » For more information about Attachments A and B, see page 4.

Legal Name*	(as it appears on attachment A)		
Trade Name	(as it appears on attachment B)		
Street Address*	Street	City	State Zip
Mailing Address	Mail Address	City	State Zip
Phone Number*		Email	
Fax Number		Other Phone	

Contact

» Applicants other than sole proprietors MUST designate a representative to receive filings, inquiries and correspondence regarding this application.
 » Sole proprietors may, but need not, designate a representative.

Name	Mr./Ms. <input type="checkbox"/> <input type="checkbox"/>	First	Middle	Last
Title				
Mailing Address	Mail Address	City	State	Zip
Phone Number		Email		
Fax Number		Other Phone		

Agent

» **IF** applicant's place of business is **outside** the Metropolitan District, an agent must be designated **inside** the Metropolitan District to accept service on behalf of applicant.
 » See page one for description of Metropolitan District.

Name	Mr./Ms. <input type="checkbox"/> <input type="checkbox"/>	First	Middle	Last
Street Address	Street	City	State	Zip
Mailing Address	Mail Address	City	State	Zip
Phone Number		Email		
Fax Number		Other Phone		

Common Control

» Check one or more box to indicate whether applicant has a control relationship with one or more WMATC carriers and, if so, the nature of the relationship(s).

- Applicant controls a carrier Applicant is in common control with a carrier
 Applicant is controlled by a carrier Applicant has no carrier control relationship

Other Authority

» Check one or more box to indicate whether applicant currently has authority from a federal and/or state agency for the purpose of transporting passengers for hire.

- Federal authority No other authority
 State authority – (List States) _____

Fitness Findings

» Check one or more box to indicate whether any transportation regulatory agency has investigated applicant and/or found applicant unfit within the past five years.

- Investigated Not investigated and not found unfit
 Investigated and found unfit

Bankruptcy

» Check one box to indicate whether applicant is currently in bankruptcy.

- Yes—Chapter 7 Yes – Chapter 13
 Yes – Chapter 11 Not in bankruptcy

Vehicles

» Check one or more box to indicate the type(s) of vehicle(s) applicant plans to use to provide for-hire passenger transportation.

» For each type of vehicle checked, please provide a count of the vehicle(s) applicant plans to begin operations with.

» For each type of vehicle checked, indicate the maximum seating capacity, including the driver.

Type of Vehicles:	Sedan	Limousine	SUV	Van	Minibus	Motorcoach	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Vehicles:	_____	_____	_____	_____	_____	_____	_____
Seating Capacity:	_____	_____	_____	_____	_____	_____	_____

Service and Rates

» Check one or more box to indicate the type(s) of transportation service and rates applicant proposes to charge.

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Charter | Sightseeing | Other Mileage or Hourly | Airport Shuttle | Medicaid | Private-Pay Ambulatory & or Wheelchair | Government Contract | Private Contract |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART II
Attachments A and B

Attachment A

All Applicants MUST provide an Attachment A.

Sole Proprietors: » » » » Attach a copy of proprietor's driver's license.

General Partnerships:» » Attach a copy of the partnership agreement.

Corporations, LLCs, » » » Attach a Certificate of Good Standing from the state where applicant
LLPs, and LPs: was formed. The certificate must be dated within 6 months of the date
the application is filed.

Attachment B

If applicant wishes to use a trade name, include proof of trade name registration from the jurisdiction where applicant's principal place of business is located.

DC » » » » Department of Consumer and Regulatory Affairs

MD» » » » Department of Assessments and Taxation

VA» » » » Circuit Court in the county or city where applicant's principal place of
business is located.

Note: If applicant's principal place of business is located outside the Metropolitan District, applicant may submit proof of trade name registration from either: 1) the jurisdiction where applicant's principal place of business is located; or 2) from the jurisdiction inside the Metropolitan District where applicant's local office or designated agent is located.

PART III
Applicant's Verification

Signature

» Applicant's verification applies to all information submitted in support of this application, including supplemental filings made after this initial submission.

» An application by a sole proprietor must be signed by the sole proprietor.

» An application by a corporation, LLC or similar entity must be signed by an officer.

» An application by a partnership must be signed by a general partner.

I, verify under penalty of perjury, under the laws of the United States of America, that I am qualified to make this application and that all information submitted in support of this application is true and correct to the best of my knowledge and belief.

I further verify that:

1. Applicant owns or leases, or has the means to acquire through ownership or lease, one or more motor vehicle(s) that meets the Commission's safety requirements and is suitable for the transportation proposed in this application.
2. Applicant has, or has the means to acquire, a motor vehicle liability insurance policy that provides the minimum amount of coverage required by Commission Regulation No. 58-02.
3. Applicant has access to, is familiar with and will comply with the Compact, the Commission's rules, regulations and orders, and Federal Motor Carrier Safety Regulations as they pertain to transportation of passengers for hire.

Name* (type or print)

Signature*

Title* (not required for sole proprietors)

Date*