



City of Arlington, Texas
Ground Transportation Permitting Office
1101 W Main St
Arlington, TX 76013

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 _____ / _____ / _____

* * * * *

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 _____



Application for Certificate of Public Convenience and Necessity

CORPORATE OWNED, continued

Corporate Officers / Directors (use continuation sheet if necessary)

Full Name/Title	Address	DOB	Race/Sex	SSN

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 _____

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