

INTRASTATE CERTIFICATE OF AUTHORITY APPLICATION LIMOUSINE CARRIER

APPLICATION INFORMATION

1. FULL LEGAL NAME (Insurance and legal documents must match this name)

NAME	DBA (if applicable)
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2. BUSINESS MAILING

ADDRESS		ADDRESS 2	
CITY	COUNTY	STATE/PROVIDENCE	ZIP/POSTAL CODE
PHONE NUMBER FOR PUBLIC TO CALL ()	FAX NUMBER ()	PHONE NUMBER OTHER ()	
WEB PAGE ADDRESS		E-MAIL ADDRESS	

3. INDICATE THE TYPE OF FACILITIES FOR YOUR BUSINESS (Choose all that apply)

Office Garage Home Other (Specify) _____

4. REPRESENTATIVE INFORMATION TO WHOM INQUIRIES SHOULD BE DIRECTED:

NAME	TITLE	
ADDRESS (Address can not be a P.O. box)		
CITY	STATE/PROVIDENCE	ZIP/POSTAL CODE
PHONE NUMBER ()	CELL PHONE NUMBER ()	

5. FORM OF BUSINESS

A. SOLE PROPRIETORSHIP, WITH THE PERSON DOING BUSINESS AS: (Provide Certificate of Assumed Name, if applicable)

PARTNERSHIP, WITH THE PERSONS DOING BUSINESS AS: (Provide Articles of Co-Partnership)

B. CORPORATION OR CORPORATION OPERATING UNDER THE ASSUMED NAME OF: (Corporations must provide Articles of Incorporation and, if not a Michigan corporation, a Certificate to Conduct Business in Michigan.)

STATE OF INCORPORATION

YEAR OF INCORPORATION

C. LIMITED LIABILITY COMPANY (LLC) OPERATING UNDER THE NAME OF: (Provide Articles of Organization)

D. OTHER:

6. TYPE OF LIMOUSINE OPERATIONS (Check all that apply)

Reservation Operation (i.e., Charters, Rental, Contract)

Funeral Operations

On Call, Demand Operations (i.e., Similar to taxi operations, etc).

Employee Shuttle Operations

Non-Emergency Medical Care Transportation Provider

Regular Route Line Run Operations

Other

7. CARRIER OWNERS AND PRINCIPALS ARE:

NAME		TITLE		PHONE NUMBER	
ADDRESS			CITY		STATE ZIP CODE
NAME		TITLE		PHONE NUMBER	
ADDRESS			CITY		STATE ZIP CODE
NAME		TITLE		PHONE NUMBER	
ADDRESS			CITY		STATE ZIP CODE
NAME		TITLE		PHONE NUMBER	
ADDRESS			CITY		STATE ZIP CODE
NAME		TITLE		PHONE NUMBER	
ADDRESS			CITY		STATE ZIP CODE
NAME		TITLE		PHONE NUMBER	
ADDRESS			CITY		STATE ZIP CODE

8. ENTER ADDRESSES FOR OFFICE OR GARAGE LOCATIONS NOT LISTED IN #2 ABOVE

9. TYPE OF CARRIER OPERATIONS (check all that apply)

Intra-State (Only Within Michigan's Borders)

Intra-State and Inter-State (Within and Across Michigan's Borders)

Current Numbers Issued (if applicable): USDOT# _____ MC# _____

Applied to FMCSA and awaiting number(s)

Future Interstate Application Possible

10. VERIFICATION

I, (print) _____ verify that all information supplied on this form or relating to this Application is true and correct. If representing a company, corporation, or organization, I further certify that I am authorized to submit this information. I further certify that the applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements. Furthermore, by signing this application, and as a condition to receiving a license (Certificate of Authority) to operate from the State of Michigan, all limousine applicants who will operate a Class B Limousine (less than seven (7) passengers, including the driver) at any time within the City of Detroit city limits for the purpose of picking up passengers, hereby agrees to comply with that cities vehicle for-hire ordinance pursuant to the requirements of MCL 257.1907 being Section 7 of Public Act 271 of 1990, the Limousine Transportation Act.

SIGNATURE OF APPLICANT		TITLE		DATE	
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**PROCEDURE FOR FILING APPLICATION FOR LIMOUSINE AUTHORITY
WITH THE MICHIGAN DEPARTMENT OF TRANSPORTATION
Limousine Regulatory Services – B425
425 West Ottawa, P.O. Box 30050
Lansing, Michigan 48909**

Public Act 271 is the act which regulates persons who transport passengers by limousines. A limousine is described as any motor vehicle, regardless of body style, having a seating capacity of 1-15 passengers, including the driver. Any business entity that assesses a fee, monetary or otherwise, directly or indirectly, for the transportation of passengers (including transportation of medical patients) is operating as a motor carrier. Act 271 states that a motor carrier of passengers will not operate upon any public highway without first having made application and obtained a Certificate of Authority from the Department.

1. APPLICANT INFORMATION

The applicant must completely fill out the Applicant Information. Failure to provide the requested information may result in the return or delay of your application. This applicant information **must** also include the following:

- a) Certified copy of applicant's Articles of Incorporation or certified copy of applicant's Certificate to Conduct Business under an Assumed Name, or Articles of Co-partnership (if applicable), or
- b) Certified copy of applicant's Certificate to Conduct Business in Michigan (if incorporated in a state other than Michigan). If needed, please contact the Corporations & Securities Bureau at (517) 241-6400.

A complete application consists of four parts; an application, equipment vehicle roster, vehicle safety inspection form(s), and the insurance company submitted insurance form(s).

Mail all forms and fees to: Michigan Department of Transportation, Regulatory Unit B-425, P.O. Box 30050, 425 W. Ottawa, Lansing, MI 48909.

2. VEHICLE SAFETY INSPECTION

Each limousine must pass an annual safety inspection by a currently certified mechanic (see requirements below) at a registered repair facility on an MDOT form 3049 or 3049E. If there is more than one vehicle, each vehicle requires its own inspection form. If a vehicle does NOT pass the inspection, it must be repaired and re-inspected as necessary to pass an inspection. Vehicles that fail the inspection cannot be registered. Every passed inspection is valid for one (1) year. Copies of the vehicle safety inspection form can be received by calling (517) 241-0679 or (517) 241-0680 or printed from MDOT's limousine web site.

Note: Any person who shall utter and publish as true, any false, forged, altered or counterfeit document, form or decal shall be guilty of a felony, punishable by imprisonment in the state prison for not more that 14 years (MCL 750.248-9).

3. VEHICLE EQUIPMENT ROSTER

Submit a list of equipment (vehicles) to be operated by the Applicant under the issued Authority. Any vehicle(s) listed on the vehicle roster must have passed the required inspection before an Authority will be issued.

4. CERTIFICATE OF INSURANCE

(MUST BE SUBMITTED TO MDOT BY YOUR INSURANCE COMPANY)

You must request that your insurance company submit an MDOT form 3046, Certificate of Insurance 1) for limousines with a seating capacity of 1 to 9 passengers, including the driver, bodily injury and

property damage liability insurance with a minimum combined single limit of \$1,000,000.00 for all persons injured or for property damage, and /or 2) for limousines with a seating capacity of 10 to 15 passengers, including the driver, bodily injury and property damage liability insurance with a minimum combined single limit of \$2,000,000.00 for all persons injured or for property damage, as well as Michigan basic no-fault coverage be submitted to MDOT **by your insurance company**. Your insurance company may obtain the MDOT form 3046, Certificate of Insurance, by contacting this office at the numbers listed below. NO OTHER CERTIFICATE OF INSURANCE FORM WILL BE ACCEPTED.

5. APPLICANT FILING FEES

Submit a check made out to the “**State of Michigan**” for:

- A. Original Application fee in the amount of \$300.00.
- B. Annual registration fees for each limousine listed on the equipment vehicle roster in the amount of \$50 per decal, per vehicle.

For your convenience, the above fees may be combined into one check. Fees may be submitted through a credit card by calling (517) 373-1560.

6. MECHANIC REQUIREMENTS

These are the minimum requirements that the mechanic must have when conducting the safety inspection. These requirements are contained in the Michigan State Law MCL 257.1301, titled “Motor Vehicle Service and Repair Act” in which all repair facilities and mechanics must comply with.

MECHANIC CERTIFICATIONS REQUIRED TO CONDUCT LIMOUSINE INSPECTIONS

Carriers must ensure that the repair facilities safety inspector meets the following at a minimum:

Vehicles less than 10,000 lbs GVWR

AUTO Front End, Suspension & Steering Systems

and

AUTO Brakes & Braking Systems

Vehicles more than 10,000 lbs GVWR

HDT Drive Train

and

HDT Brakes & Braking Systems

and

HDT Suspension & Steering Systems

Additional mechanic certifications may be necessary if the mechanic does repairs on certain items found during the safety inspection.

7. PROCESSING

Processing of a completed application usually takes from 1 to 2 weeks. A carrier may not commence intrastate operations until the Certificate of Authority and decals are issued. **To avoid processing delays, please insure that all questions are answered, required documents are included, and the application is properly signed and verified.**

NOTE: IF YOU NEED ASSISTANCE OR HAVE QUESTIONS CONCERNING THE APPLICATION PROCESS CONTACT:

Carriers company names beginning with A-K call Robbie Smith at (517) 241-0679.

Carriers company names beginning with L-Z call Michelle Weber-Currie at (517) 241-0680.

THE FAX NUMBER FOR BOTH IS (517) 241-0127.