



PASSENGER CARRIER SUPPLEMENTAL APPLICATION

Applicant _____

Description of Operations

1. Select one of the following categories:

- | | |
|---|---|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Limousine |
| <input type="checkbox"/> Airline Workers | <input type="checkbox"/> Migrant Workers |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Railroad Employees |
| <input type="checkbox"/> Church | <input type="checkbox"/> Sight-seeing Tours |
| <input type="checkbox"/> City Transit | <input type="checkbox"/> Social Service |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Dock Workers | <input type="checkbox"/> School |
| <input type="checkbox"/> Hotel/Courtesy Shuttle | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Inter-City |
| <input type="checkbox"/> Other _____ | |

2. a. Describe fully all operations conducted by you which involves the use of automobiles (passenger – carrying or otherwise): _____
- b. Estimated length of operation per vehicle, per day: _____ hours; _____ % is night driving.
- c. Do you share dispatch services with any other company/entity? Yes No
If "Yes," explain: _____
3. a. Do you ever have the occasion to transport passengers who are physically or mentally disabled? If Yes, explain: Yes No
- b. If "Yes," explain if units are equipped to handle handicapped and if drivers/aides are trained to handle such equipment: _____
- c. Explain how patients, gurneys and wheelchairs are secured: _____
4. Is there any youthful or personal use of vehicles? Yes No

Vehicle Information

5. Complete for each type of vehicle operated:

| Vehicle Type | Number & Pieces of Equipment Seating Capacity | | | | Radius of Operation (list # of units in each group) | | | | Company Owned | Long Term Lease | Trip Lease From Others (Avg. per Mo.) | Actual Earnings Past 12 Mo. | Estimated Next 12 Mo. |
|--------------|---|------|-------|------|---|--------|--------|------|---------------|-----------------|---------------------------------------|-----------------------------|-----------------------|
| | 0-8 | 9-20 | 21-60 | Over | 50 Mi | 200 Mi | 300 Mi | Over | | | | | |
| Bus | | | | | | | | | | | | | |
| Van | | | | | | | | | | | | | |
| School Bus | | | | | | | | | | | | | |
| Limousine | | | | | | | | | | | | | |
| Taxi | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

6. a. Do others operate under your authority? Yes No
Number of vehicles involved by type: _____
- b. Do you lease any vehicles from others? Yes No
- c. Do you rent or lease vehicles to drivers? Yes No
If "Yes," to any of the above, please explain _____
Vehicles must be scheduled.
7. Do your drivers own and operate their own vehicles in your business? Yes No

Applicant _____

Date _____