



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES TRANSPORTATION NETWORK COMPANY DIVISION

One South Station, 5th Floor • Boston, MA 02110

TRANSPORTATION NETWORK COMPANY PERMIT APPLICATION FORM

SECTION A: STATEMENT OF OWNERSHIP

A.1 Business Information

BUSINESS INFORMATION		
Check one:		
Corporation	Limited Liability Company	General Partnership
Limited Partnership	Limited Liability Partnership	Sole Proprietorship
Other (specify): _____		
Legal name:		
Phone:	E-mail:	
Company address (Massachusetts):		
City/Town:	State:	ZIP Code:
Date business commenced:		
Date business commenced operations in Massachusetts:		

A.2 Proof of Ownership

(Identify attachments at "Appendix – Proof of Ownership")

PROOF OF OWNERSHIP		
If Applicant Is:	Attach to this Application:	Check Box:
Corporation	Massachusetts Certificate of Legal Existence	

	Massachusetts Certificate of Good Standing	
	Articles of Incorporation/Organization	
If Foreign Corporation	Massachusetts Certificate of Registration	
	Articles of Incorporation/Organization	
Limited Liability Company	Massachusetts Certificate of Legal Existence	
	Massachusetts Certificate of Good Standing	
	Certificate of Organization	
If Foreign Limited Liability Company	Massachusetts Certificate of Registration	
Limited Liability Partnership	Massachusetts Certificate of Legal Existence	
	Massachusetts Certificate of Good Standing	
	Limited Liability Partnership Registration	
Limited Partnership	Massachusetts Certificate of Legal Existence	
	Massachusetts Certificate of Good Standing	
	Limited Partnership Certificate	
General Partnership	Massachusetts Certificate of Legal Existence	
	Massachusetts Certificate of Good Standing	
	Partnership Organizational Chart	
If Foreign Partnership	Massachusetts Certificate of Registration	
Sole Proprietorship or Other Entity	Detailed description of business structure	

A.3 List of Executive Personnel

If a Corporation, LLC, LP, LLP, or General Partnership list all Officers, Managing Members, or General Partners. Attach additional pages if necessary.

(Identify attachments as “Appendix – Executive Personnel”)

EXECUTIVE PERSONNEL	
NAME	TITLE

A.4 Control of Corporation, LLC, LP, LLP held by (Check One):

Individuals listed above

Other (specify below or include as “Appendix – Executive Personnel”)

A.5 If Doing Business As (DBA) a name other than the name of your entity, attach to application (Check, if applicable):

DBA Certificate from each town and city hall Clerk’s office where the Company operates in Massachusetts. M.G.L. c. 110, § 5.

(Identify attachment as “Appendix – DBA Certificate”)

A.6 Applicant Business Affiliation (Check One):

Applicant is associated or affiliated with the following business entities by reason of common ownership, control or management (own part or all of the company, hold a responsible position in the company or guide the operations of the

company, directly or indirectly). List and indicate the type of entity, i.e., whether a Corporation, LLC, LP, LLP, General Partnership, or other.

Use additional sheets if necessary (Identify attachment as “Appendix – Business Affiliation”)

AFFILIATION	
NAME	TYPE OF ENTITY

No affiliation exists

SECTION B: CONTACT INFORMATION

B.1 Correspondence Contact

The Division will send correspondence to the person or entity listed.

CORRESPONDENCE CONTACT		
Name:		
Phone:	E-mail:	
Address:		
City/Town:	State:	ZIP Code:
Website (if applicable):		

B.2 Agent of Service

The person or business listed will receive service of process in Massachusetts.

AGENT OF SERVICE		
Name:		
Phone:	E-mail:	
Address:		
City/Town:	State:	ZIP Code:
Website (if applicable):		

SECTION C: DESCRIPTION OF SERVICES

C.1. Type(s) of Services

Provide a description of the service(s) that Applicant proposes to offer. At a minimum, this description must clearly demonstrate that Applicant and Applicant's proposed service meets the definition of a "transportation network company" as provided for in 220 CMR 274.02. Attach additional sheets if necessary (Identify as "Appendix – Type(s) of Services"). If the Applicant offers other ride-for-hire services in addition to transportation network services on a single digital application, provide description of how those services are distinguished from one another on the Applicant's digital application and how that distinction is communicated to the consumer.

TYPE(S) OF SERVICES OFFERED

C.2 Location of Services

Provide a list of the cities and towns in which Applicant intends to offer the proposed service(s). Attach additional sheets if necessary. In addition, attach a map, plan, or sketch of the areas in which Applicant intends to provide services. (Identify attachments as “Appendix – Location of Services”)

CITIES & TOWNS

SECTION D: INSURANCE

Applicant insurance must comply with M.G.L. c. 175, § 228 (Transportation Network Drivers; Insurance Requirements). Attach Applicant’s Certificate of Insurance as “Appendix – Certificate of Insurance.” Attach Applicant’s full and complete insurance policy as “Appendix – Insurance Policy.”

INSURANCE INFORMATION		
Name of Insurer:		
Phone:	E-mail:	
Address:		
City/Town:	State:	ZIP Code:
Website (if applicable):		

Provide a detailed description of the manner and means by which Applicant, or third-party contractor, will conduct the nationwide driver background check of a driver's criminal and motor vehicle driving history, as well as a search of the U.S. Department of Justice, Public Sex Offender Website. The Applicant must provide detail as to the manner and means by which it ensures, in conducting a nationwide background check on potential drivers, that potential drivers do not proceed in the on-boarding process, unless they meet the suitability standard set forth in 220 CMR 274.21. In the description, the Applicant must include detail as to the manner and means by which the Applicant will verify and/or validate the identity of potential drivers. Further, the Applicant must include detail as to the manner and means by which the Applicant will ensure that potential drivers have not submitted fraudulent documents or information as part of their application to provide services. Applicant must certify that it will not submit a driver to the Division for a Division-level background check pursuant to 220 CMR 274.06(3), unless the driver has (1) executed the proper background check consent form; and (2) passed the TNC level background check pursuant to 220 CMR 274.06(2). Applicant is responsible for complying with these requirements and must include in the description of its background check process, its plan or policy for doing so. Attach additional pages if necessary (Identify as "Appendix – Nationwide Driver Background Check).

DESCRIPTION OF BACKGROUND CHECK PROCESS	

SECTION F: ENTITY BACKGROUND INFORMATION

- F.1 Indicate if Applicant or any of its principals has ever had a certificate or license from this Department or Division suspended or revoked. If so, state license number(s):

- F.2 Indicate if Applicant or any of its principals holds a license or certificate from any other state or federal regulatory agency. If so, identify. Attach additional pages if necessary (Identify as “Appendix – Regulatory Authority”)

REGULATORY AUTHORITY	

- F.3 Has any license or certificate issued to Applicant or any of its principals ever been suspended or revoked by the United States Government, this State or any State or Territory?

Yes No

- F.4 Are there any charges or complaints now pending against Applicant or any of its principals before any court, regulatory body or government agency?

Yes No

- F.5 If you answered yes F.3 or F.4, above, please describe in detail below in an attachment identified as attachment "Appendix – Suspension/Pending Matters."

SECTION G: ADDITIONAL REQUIRED DOCUMENTS

This section of the application form identifies documents that must be submitted to the Division in addition to any documents required under SECTIONS A-F and H. Identify attachments under this Section as “Appendix – Additional Documents” and in the order as they appear. Please create Exhibits labeled consecutively, A, B, C, etc. for each of the categories in the table below. **Failure to include all required materials in this section will result in your application not being processed.**

“Category” refers to the category of information in which a required attachment or document falls under.

“Reference” refers to the section on the introductory Basic Information for Transportation Network Companies, Transportation Network Company Application Form, or Code of Regulations (CMR) governing the regulation of TNCs, which relates to the required attachment.

“Required Attachment” refers to the information that must be included as part of a the application. Check boxes that apply.

CATEGORY	REFERENCE	REQUIRED ATTACHMENT	CHECK BOX:
Complaints	Basic Information Sheet Section 10; 220 CMR 274.03(2)(c)	24-hour customer service telephone number to receive complaints and a narrative description of the complaint intake and response process via the customer service telephone number.	
		Email address to receive complaints and narrative description of the complaint intake and response process via the email address.	
		Color photographs of online webpage to receive complaints and a narrative description of the complaint intake and response process via the online webpage.	
		Color photograph of functionality within digital network to receive complaints and narrative description of such functionality.	
Driver Background Check	Basic Information Sheet Section 7; 220 CMR 274.03(1)(c)4; 220 CMR 274.06(2)(a)	Contract(s) between Applicant and 3rd Party for conducting nationwide criminal and motor vehicle background checks	

Driver Background Check	Basic Information Sheet Section 7; 220 CMR 274.03(1)(c)3; 220 CMR 274.06(1)(b)	Copy of driver consent authorization form for conducting background checks and narrative description of the manner by which the Applicant obtains background check consent from drivers and ensures that consent forms are renewed as required	
Driver Certificate	Basic Information Sheet Section 8; 220 CMR 274.03(1)(c)6; 220 CMR 274.05(3)	Color photograph of driver certificate	
		Color photograph of driver certificate within digital network	
Driver Roster	Basic Information Sheet Section 9; 220 CMR 274.03(2)(k)	Copy of current driver roster and a narrative description of the conditions that must be satisfied for a person to appear on the driver roster	
Hours of Service	Basic Information Sheet Section 6; 220 CMR 274.03(2)(b); 274.07:	Hours of service policy and narrative description of how the Applicant enforces the hours of service policy	
Insurance – Driver Disclosure to Insurance	Basic Information Sheet Section 4; 220 CMR 274.09(3)	Plan or policy to ensure driver compliance with disclosure to insurance carrier that the driver will be using insured vehicle to provide TNC services	
Insurance – TNC Disclosure to Driver	Basic Information Sheet Section 4; 220 CMR 274.09(2)	Insurance disclosure statement that Applicant will provide to its drivers regarding auto insurance coverage provided by the Applicant	

Protection of Personal Information	Basic Information Sheet Section 12; 220 CMR 274.03(2)(d); 220 CMR 274.10(3); 201 CMR 17.00	Written information security policy	
Protection of Personal Information	Basic Information Sheet Section 12; 220 CMR 274.10(2)	Copy of consent authorization and explanation of use of driver and rider personal information	
Transportation Network Vehicles	Section 5; 220 CMR 274.03(1)(c)2; 220 CMR 274.08(1)	Copy of removable decal or trade dress	
Transportation Network Vehicles	Basic Information Sheet Section 5; 220 CMR 274.03(2)(g); 220 CMR 274.08(3); 540 CMR 30	Plan or policy to ensure transportation network vehicles are in compliance with all inspection requirements, including the TNC inspection	
Rates (Waybill)	Basic Information Sheet Section 13; 220 CMR 274.03(2)(h)	Sample Waybill and plan or policy to ensure that the digital network used by the Applicant to pre-arrange rides employs a clear and conspicuous explanation of the total cost and pricing structure applicable to each pre-arranged ride before the ride begins.	
Rates (Price Structure)	Basic Information Sheet Section 13; 220 CMR 274.03(2)(i)	Price structure for pre-arranged rides including description of any “dynamic pricing” models to the extent employed by the TNC	
Rates (Base Rates)	Basic Information Sheet Section 13; 220 CMR 274.03(2)(i)	Plan or Policy to ensure that drivers do not charge excessive minimum or base rates.	

Rider Accessibility (non-discrimination)	Basic Information Sheet Section 11; 220 CMR 274.03(2)(e)	Plan or policy to ensure non-discrimination of riders or potential riders with special needs, disabilities or visual impairments, which shall include but not be limited to ensuring that there are no additional charges or increased fares and that wheelchairs and service animals are accommodated	
Rider Accessibility (safe pick-up, transfer and delivery)	Basic Information Sheet Section 11; M.G.L. c. 159A1/2, § 3(c)(ix)	Plan or policy governing the safe pickup, transfer, and delivery of individuals with visual impairments and individuals who use mobility devices, including but not limited to wheelchairs, crutches, canes, walkers, and scooters	
General Requirements	220 CMR 274.03(2)	Written verification of an established oversight process pursuant to 220 CMR 274.03(2)	

SECTION H: COMMERCIAL TOLLS

Provide clear and concise detail of the manner and means by which the Applicant shall ensure that tolls incurred by a driver providing transportation network services through its digital

network are paid at the commercial rate. Attach additional pages if necessary (Identify as “Appendix – Commercial Toll Payment Plan”).

DESCRIPTION OF COMMERCIAL TOLL PAYMENT PLAN

SECTION I: ADDITIONAL FACTS

An Applicant may submit additional facts in support of this application. (If necessary, attach additional sheets and identify as “Appendix – Additional Information”).

SECTION I: CERTIFICATION

Dated at _____ the _____ day of _____

I certify that I am duly authorized to make this application on behalf of, and with the power to bind, the above-name _____
(legal name as listed in Section A.1)

I hereby certify that the statements contained in this application herein made are full, just and true to the best of my knowledge and belief. This statement is made under the penalties of perjury.

NAME _____
(sign)

NAME _____
(print)

TITLE _____
Applicant, Partner, Corporate Officer

COMPLETE AND RETURN ALL 16 PAGES OF THIS APPLICATION TO:

Department of Public Utilities
Transportation Network Company Division
One South Station, 5th Floor
Boston, Massachusetts 02110