



## Carrier Application – New Passenger Carrier

**Please note: a fee of \$100 is required to process this application.**  
**The Division now accepts payments online. Please visit our website for more information:**  
[mass.gov/how-to/pay-transportation-oversight-division-fees](https://mass.gov/how-to/pay-transportation-oversight-division-fees)

### SECTION A - BACKGROUND INFORMATION

**A1.** Full Name(s) of Applicant, Partners, or Corporation:

**A2.** If doing business under a d/b/a, state the d/b/a:

**A3.** Principal place of business (P.O. Box # not acceptable):

Is this address a residence? Yes      No

**A4.** Vehicle garaging point (P.O. Box # not acceptable):

Is this address a residence? Yes      No

**A5.** Mailing address (if different from A3):

Is this address a residence? Yes      No

**A6.** Contact information for person who can answer inquiries regarding this application:

**A7.** Does the applicant or any of its principals presently hold a certificate from this Department? Yes      No

If so, state certificate number:

**A8.** Has the applicant or any of its principals ever held a certificate from this Department suspended or revoked?

Yes      No

If so, state certificate number:

**A9.** Has the applicant or any of its principals ever held a license or certificate from any other state or federal regulatory agency?

Yes      No

If so, identify:

**A10.** Indicate the type of business enterprise below and submit one copy of the required document with this application. The document should be identified as "Appendix A1".

Type of Business	Document to be Submitted
An individual proprietorship	None
An individual proprietorship operating under a d/b/a	A certified copy of the business certificate filed with the City/Town Clerk
A partnership	A certified copy of the business certificate filed with the City/Town Clerk
A corporation incorporated in the Commonwealth of Massachusetts	A certified copy of the articles of organization from the Massachusetts Secretary of State
A foreign corporation incorporated under the laws of	A certified copy of foreign corporation approval to do business in Massachusetts from the Secretary of State and a certified copy of corporation papers from home state.

**A11.** If a **partnership**, list names and addresses of principal partners:

Name	Address

**A12(a).** If a **corporation**, list names, titles and addresses of officers:

Name	Title	Address

**A12(b).** If a **corporation**, list names and addresses of principal stockholders:

Name	Address

## SECTION B – FITNESS

**B1.** Describe fully the transportation or other relevant work experience of applicant or its principals. (If necessary, attach additional sheets and identify as "Appendix B1"):

**B2.** Provide information on the financial condition of the applicant/company to conduct a business. A current balance sheet must be attached to this application and identified as "Appendix B2".

**B3.** (A) 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

(B) 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

(C) If you answered yes to any of the above, please describe in detail below or on an attachment identified as "Appendix B3":

**B4.** Describe each of the motor vehicles owned or to be leased and operated by applicant in the service proposed. (If necessary, attach additional sheets and identify as "Appendix B4"):

Year of Manufacture	Type of Vehicle	Name of Manufacturer	Manufacturer's Rated Seating Capacity	Owned by Applicant	To Be Leased by Applicant

### SECTION C - DESCRIPTION OF SERVICES

**C1.** Describe the service to be performed and the territory to be served. Attach additional sheets or maps to fully explain and identify as "Appendix C1":

**C2.** Will the transportation service be open to the general public?

Yes No

If no, indicate the name(s) and addresses of the individual(s) or the organization(s) with whom the applicant will contract:

Name	Address

**C3.** Indicate how frequently the service will be provided (i.e., daily, weekly, summertime only, on demand, etc.):

## SECTION D - CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Section D is to be filled out **only** by applicants who are proposing to operate a service that would fit the classification of a "**regular route common carrier service**" for the transportation of **passengers only**. If you are not proposing to operate a service as defined below, indicate "Not Applicable" in the spaces provided.

A "**regular route common carrier service**" shall mean any route, or system of routes over which a motor bus or motor buses are regularly operated and which are under the ownership or control of an individual, company or corporation which is licensed to operate over the same.

**D1.** List below for each proposed route:

- The termini of each route
- The names of all cities and towns included in each route.
- Describe each route in detail by highways or streets to be traversed.

**A map, plan, or sketch of the proposed bus route or routes must be submitted with the application and identified as "Appendix D1".**

**Route 1**

**Route 2**

**D2.** Every owner of a motor bus or motor buses to be operated on the public ways of the Commonwealth of Massachusetts shall conform to the law by obtaining municipal street licenses from the licensing authorities of each city and town in which said bus or buses are to be operated. **Copies of each municipal street license obtained from the Cities and/or Towns in which the applicant intends to operate must be submitted with the application and identified as "Appendix D2".**

**D3.** A schedule of proposed fares should be appended to the application and identified as "Appendix D3".

## SECTION E – VERIFICATION

### **E1.** Date

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.

Signature (type full, legal name)

Title (Applicant, Partner, Corporate Officer)

### **E2.** Date

Pursuant to G.L. c. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature (type full, legal name) of Applicant or type Corporate Name

Signature (type full, legal name) of Corporate Officer (if applicable)

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I'm paying online

I'm sending a check/money order

Using Adobe Acrobat or Reader to fill out this application? Click the red button below to submit your application by email. You can also save this PDF and submit it as an email attachment to:

[DPU.Transportation@mass.gov](mailto:DPU.Transportation@mass.gov)

You can also print and submit this application by mail to the Transportation Oversight Division. The Division's mailing address can be found at the top of this form. Please be sure to pay online or submit a check/money order with your application.