



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 as “Appendix – Proof of Ownership”)

PROOF OF OWNERSHIP	
If Applicant Is:	Attach to this Application:
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 – Organizational Control”)

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

- DBA Certificate from each town and city hall Clerk’s office where the Organization 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):		

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 to F.3 or F.4, above, please describe in detail in an attachment identified as "Appendix – 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 through F. Identify attachments under this Section as “Appendix – Additional Documents” and in the order as they appear.

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

“**Reference**” refers to the section on the Massachusetts 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.

CATEGORY	REFERENCE	REQUIRED ATTACHMENT
Complaints	220 CMR 274.03(2)(c)	24-hour customer service telephone number to receive complaints
		Email address to receive complaints
		Color photographs of online webpage to receive complaints
		Color photograph of functionality within digital network to receive complaints
Driver Background Check	220 CMR 274.03(1)(c)4; 220 CMR 274.06(2)(a)	Contract(s) between Applicant and 3rd Party for conducting nationwide driver background checks

Driver Background Check	220 CMR 274.03(1)(c)3; 220 CMR 274.06(1)(b)	Copy of driver consent authorization form for conducting background checks
Driver Certificate	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	220 CMR 274.03(2)(k)	Copy of driver roster
Hours of Service	220 CMR 274.03(2)(b); 274.07:	Hours of service policy
Insurance – Driver Disclosure to Insurance	220 CMR 274.09(3)	Plan or policy to ensure driver compliance with disclosure to insurance carrier
Insurance – TNC Disclosure to Driver	220 CMR 274.09(2)	Insurance disclosure statement that Applicant will provide to its drivers regarding auto insurance coverage provided by Applicant
Protection of Personal Information	220 CMR 274.03(2)(d); 220 CMR 274.10(3)	Written information (data) security policy

Protection of Personal Information	220 CMR 274.10(2)	Copy of consent authorization form and explanation of use of driver and rider personal information
Transportation Network Vehicles	220 CMR 274.03(1)(c)2; 220 CMR 274.08(1)	Copy of removable decal or trade dress
Transportation Network Vehicles	220 CMR 274.03(2)(g); 220 CMR 274.08(3)	Plan or policy to ensure transportation network vehicles are in compliance with inspection requirements
Rates	220 CMR 274.03(2)(h)	Sample Waybill
Rates	220 CMR 274.03(2)(i)	Price structure for pre-arranged rides
Rider Accessibility	220 CMR 274.03(2)(e)	Plan or policy to ensure non-discrimination of riders

SECTION H: ADDITIONAL FACTS

Applicant may submit additional documentation/facts in support of this application. Identify as “Appendix – Additional Information.”

SECTION I: CERTIFICATION

Dated

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 of entity 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 12 PAGES OF THIS APPLICATION TO:

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