



## Louisiana Public Service Commission

Located at 602 North Fifth Street; Baton Rouge, LA 70802

Mailing Address PO Box 91154; Baton Rouge, LA 70821

Transportation Division: (888) 342-5717 or (225) 342-4439

**TO: ALL LOUISIANA CARRIERS WHO PROVIDE **DISPATCHED TAXICAB SERVICE** TEN MILES BEYOND THEIR MUNICIPALITY/PARISH OF DOMICILE IN VEHICLES HAVING A SEATING CAPACITY OF LESS THAN TEN PASSENGERS**

Please note the following information is relative to the regulation of passenger services by the Louisiana Public Service Commission ("LPSC" or the "Commission"). Pursuant to R.S. 45:164, no motor carrier shall operate as a common carrier without having first obtained from the Commission a certificate, which shall be issued only after a written application is made and filed. All Dispatched Taxicab Carriers and all of their Operators/Drivers, must comply with General Order dated April 25, 2012. (A copy of the order can be found on our website [http://www.lpsc.org/regs3\\_motor.aspx](http://www.lpsc.org/regs3_motor.aspx).)

**IMPORTANT:** The following Application only applies to carriers who provide dispatched taxicab services transporting passengers in vehicles with a seating capacity of less than ten passengers and beyond ten miles of their municipality/parish of domicile. NOTE: Taxicab services located, operated and employed within one municipality/parish or within ten miles of that municipality/parish are not required to obtain authority from the LPSC, under La. R.S. 45:172 (A) (4) (a).

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### **APPLICATION PROCESS & FILINGS REQUIRED PRIOR TO ISSUANCE OF CERTIFICATES OR PERMITS**

Applications must be filed in the LPSC main office, Galvez Building, 602 N. 5<sup>th</sup> St., Baton Rouge, Louisiana 70802. (Mailing address is P.O. Box 91154, Baton Rouge, Louisiana 70821-9154.) The application must be completed, signed and notarized.

### **CHECKLIST (ALL ITEMS BELOW MUST BE SENT TO THE ADDRESS ABOVE)**

- The original application
- A letter from an insurance company (or agent) authorized to do business in Louisiana, stating they will write the required insurance coverage for your company as described in "General Information #1"
- Business Entity's name on the application must be the FULL AND CORRECT NAME of the company which should be stated in any one of the following ways.
  - **John Smith**
  - **John Smith dba Smith's Taxi Service** (dba means "doing business as")
  - **Smith's Taxi Service, Inc.** (or any other non-person entity such as LLC, LTD, LP etc.....)
- MUST attach copies of the company's Secretary of State Certificate & Articles of Incorporation or Formation from your state of origin or existence. \*Foreign Entities must also register with the Louisiana Secretary of State's Office (La. SOS); submit copies of the paperwork filed with the La. SOS along with a copy of the Certificate of Good Standing issued by the La. SOS.
- Application filing fee. . . .Common Carriers \$200.00 **NON-REFUNDABLE**
- Business Entity must submit a Tariff (As Described in General Information # 3)
- Business Entity must complete & submit Form TU-44 for registration and purchase identification stamps for each vehicle in their fleet **prior** to operation and include a SEPARATE check for those fees. (\$10 per vehicle) (As Described in General Information # 2)
- Business Entity must submit Form D-7175 for EACH of its drivers that will operate vehicles in their fleet **prior** to operation and include a SEPARATE check for those fees. (\$10 per driver) (As Described in General Information # 2)

## GENERAL INFORMATION

### 1. INSURANCE

Pursuant to the Louisiana Public Service Commission's General Order dated May 30, 2008 & April 25, 2012, carriers who provide dispatched taxicab service ten miles beyond their municipality/parish of domicile in vehicles having a seating capacity of less than ten passengers must maintain the following policies of insurance:

#### BUSINESS ENTITY:

Public liability and property damage insurance on vehicles operated by common carriers, providing coverage of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) to satisfy all claims for damages by reason of bodily injury to or death of, any one person resulting from any one accident; FIFTY THOUSAND DOLLARS (\$50,000) to satisfy all claims for damages by reason of bodily injury to, or death of, two or more persons, resulting from any one accident; FIVE THOUSAND DOLLARS (\$5,000) to satisfy all claims for damage to property resulting from any one accident. These insurance policies shall be written by companies qualified to do business in this state. The required proof of insurance shall be the filing of a **Form E**, Bodily Injury and Property Damage Certificate of Insurance, by the Insurance Underwriter of the policy, which must be received thirty (30) days from the date the application was received. The name and address on the Form E and name and address on the application for authority must match *exactly*.

#### DRIVERS:

Drivers who are identified as independent contractors or contract drivers must verify their coverage by the filing of a "**Certificate of Liability Insurance**" attached to the Driver Form D-7175.

Drivers who are identified as employees of the Business Entity and are listed on the Business Entity's Employers' Quarterly Wage & Tax Report (LWC ES4) filed with the Louisiana Workforce Commission, will be covered under the Business Entity's Form E. And a copy of Form LWC ES4 must be sent to the Commission as verification.

### 2. REGISTRATION OF VEHICLES AND DRIVERS

#### VEHICLES:

The Business Entity will be required to submit a "Vehicle Registration Form TU-44" to the LPSC providing the Complete VIN, Make/Model, License Plate number and year of each vehicle annually and/or when vehicles are added to the fleet and remit a fee of \$10 per vehicle. Every vehicle operated as a Dispatch Taxicab Carrier subject to LPSC jurisdiction shall be required to comply with each of the following:

1. Must display their Business Entity's LPSC certificate/permit number and the vehicle assigned number upon each of the vehicles operated.
2. A copy of current insurance on the vehicle and a copy of each Operator/Driver's license covered by the same insurance shall be displayed in the vehicle within the customer's sight, in a standardized LPSC Operator/Driver placard.
3. Uniform standards for vehicles, including age, model, type, and quality as established below as established in items a-f below are applicable solely to vehicles operating in the Parishes of Jefferson, Orleans, Plaquemine, St. Bernard, St. Charles, St. John, and St. Tammany.
  - a. No Dispatch Taxicab Carrier may operate any vehicle when the model year of said vehicle is greater than seven (7) years old. An exemption may be applied by the LPSC for any unique vehicle that meets all other LPSC requirements when the LPSC informs the Business Entity in writing that the subject vehicle may operate subject to this exemption.
  - b. While a taxicab is in operation, all equipment, including brakes, tires, shock absorbers, lights and signals must be in good working order and meet all requirements of the state of Louisiana, and the Rules of the LPSC.
  - c. The taxicab's exterior and interior must be clean, including a daily cleaning of the interior of the vehicle. All seats inside the subject vehicle must be vinyl, a similar material, or utilize a plastic cover for the seats.
  - d. The trunk compartment must be capable of securely holding passengers' baggage.
  - e. Every taxicab must be equipped with properly functioning seatbelts for the driver and all passengers.
  - f. Inside every vehicle there shall be the appropriate device to allow a customer to pay by Credit Card and obtain a receipt for said payment. In the event that the device allowing payment by Credit Card is broken, the vehicle shall be taken out of service until the device is repaired, or the Operator/Driver of the vehicle will be subject to a fine at a public hearing of not less than \$100.00 and not more than \$10,000.00.

Once a vehicle is registered with the Louisiana Public Service Commission (LPSC), it will be the responsibility of the Business Entity to cancel any vehicles that are removed from its fleet or give notice for any vehicles that are taken out of service temporarily.

Pursuant to La. R.S. 45:164 (A), any **vehicle with a reconstructed title** as provided for in La. R.S. 32:707 or an equivalent title issued pursuant to the laws of another state in the operation of such business is **prohibited** from being utilized under this LPSC authority.

### **DRIVERS:**

In order to protect the public interest, Operator/Drivers of Dispatched Taxicab Carriers, shall be registered with the LPSC. The Business Entity shall register all of their Operator/Drivers by submitting Form D-7175 for each of its Operator/Drivers, attach a copy of each Operator/Drivers' Louisiana Chauffeur's License to the D-7175 Form (**FRONT & BACK**) and remit a fee of \$10.00 per Operator/Driver. Every Operator/Driver must:

1. Be at least 18 years of age;
2. Produce a valid government issued ID to the LPSC
3. Have a valid Louisiana Chauffeur's License and attach a copy to the D-7175 Form (**FRONT & BACK**)
4. Be able to speak, read, write and understand the English language;
5. Be familiar with the geography, streets, and traffic regulations of any geographical area that the Operator/Driver will operate in and provide services to; and be familiar with the rules and regulations of the Louisiana Public Service Commission;
6. Be of good moral character;
7. Agree to accept service of any sort of notice or legal process issued by any agency of the State of Louisiana upon the Operator/Drivers at the Operator/Drivers Mailing Address.

Once an Operator/Driver is registered with the LPSC, it will be the responsibility of the Business Entity to notify the Commission in writing when any Operators/Drivers are no longer employed or working under contract for the Business Entity.

### **3. TARIFF (RATES, FARES AND CHARGES)**

#### **TARIFFS:**

Common Carriers operate under tariffs filed with and approved by the LPSC, which shows the services to be rendered and the basis for computation of rates. After the carrier's initial filing prior to commencement of operations, all changes must be effected through tariff publications approved by the LPSC pursuant to General Order dated October 02, 2012. Generally proposed, the staff can handle reductions informally, but increases require approval by the LPSC. These increases usually require formal handling, publication in the Commission's Bulletin, and approval before the Commissioners at the Business and Executive Meeting if required by General Order dated October 02, 2012.

Initial Tariff must contain the following information:

- Complete name and address of company
- Specific information for rates charged indicating a flat rate, hourly rate, range of rates, ...etc.
- When charging hourly, indicate times when charges begin and end.
- If rates are based on mileage, the official Louisiana highway map must be used. (<https://www8.dotd.la.gov/estore/>)
- Fuel surcharges must be stated in the tariff. If you wish to use the LPSC approved fuel surcharge please state that in the tariff. A copy of Special Order 46-2005 can be found on our website: [http://www.lpsc.org/regs3\\_motor.aspx](http://www.lpsc.org/regs3_motor.aspx)

### **4. PAYMENTS OF FARES**

In the public interest, Operators/Drivers of Dispatch Taxicab Carriers operating in the Parishes of Jefferson, Orleans, Plaquemine, St. Bernard, St. Charles, St. John, and St. Tammany are required to accept payment for their services by Credit Card, Debit Card and/or Cash. The subject vehicles registered with the LPSC are required to have sufficient technology on board to accept payment with Credit Card or Debit Card and provide the customer with a receipt. In the event that the vehicle is not compliant, the Operator/Driver will be subject to a fine not less than \$100.00 and not more than \$10,000.00 after a public hearing. All customers have the right to refuse to offer a tip in the event of poor service. Further, all customers shall be informed of the posted fare before the trip commences. This requirement may be satisfied by posting the fare in an area visible to the customer. The customer shall have the right to exit the vehicle without payment before the trip commences in the event that the required fare information is not properly posted.

### **5. AMERICANS WITH DISABILITIES ACT**

Any Dispatch Taxicab Carrier registered with the LPSC, and operating in the Parishes of Jefferson, Orleans, Plaquemine, St. Bernard, St. Charles, St. John, and St. Tammany, must comply with the minimum guidelines and requirements for accessibility standards established for vehicles by the Americans with Disabilities Act. "ADA" (See 36 CFR 1192.1 et seq.; 42 U.S.C. 12101 et seq.). Any Dispatch Taxicab Carrier registered with the LPSC and operating in the Parishes of Jefferson, Orleans, Plaquemine, St. Bernard, St. Charles, St. John, and St. Tammany, must operate, or have the ability to dispatch through a contract vehicle one (1) ADA compliant vehicle if their fleet consists of less than twenty (20) vehicles, and one (1) additional ADA compliant vehicle for every additional twenty (20) vehicles registered to the Dispatch Taxicab Carrier. If the Dispatch Taxicab Carrier provides ADA compliant vehicles through a subcontractor, a copy of said contract shall be filed with the Transportation Division of the LPSC.

In order to be in compliance the Dispatch Taxicab Carrier must:

- 1) Have the ability to dispatch an ADA compliant vehicle, or arrange for an ADA complaint vehicle to be dispatched to the customer pursuant to the terms set forth in this section;
- 2) Guarantee identical service is given to any customer with a disability;
- 3) The dispatching of an ADA compliant vehicle must not result in any extra cost to customers with disabilities, however in the event that any special equipment, such as a wheel chair, needs to be stored separately in the vehicle, the Dispatch Taxicab Carrier is authorized to charge a fee equal to the fee assessed on any other type of luggage;
- 4) Service must be provided to customers with disabilities that meet their needs, and is equal to the service provided to other customers;
- 5) The identical service requirement contained in this section requires that the ADA compliant vehicle arrive at the customer's location within a substantially similar amount of time as a non-compliant vehicle would have arrived;
- 6) The dispatching of ADA compliant vehicles must be available during all hours that service is otherwise available.

Failure to comply with this section will result in a fine of not less than \$100.00 and not more than \$10,000.00 for each reported violation after a public hearing.

## **6. PASSENGER BILL OF RIGHTS**

Every Dispatched Taxicab Carriers and their Operators/Drivers subject to LPSC jurisdiction and operating in the Parishes of Jefferson, Orleans, Plaquemine, St. Bernard, St. Charles, St. John, and St. Tammany, must comply with the following Bill of Rights and make it available to passengers. Dispatched Taxicab Carriers are required to post same in plain sight of the passengers in their LPSC registered vehicles. The Bill of Rights shall read as follows:

### **Passenger Bill of Rights**

#### **AS A CUSTOMER, YOU ARE ENTITLED TO:**

- 1) The right to be driven by an LPSC registered and licensed Operator/Driver in good standing, whose LPSC license and insurance are clearly displayed in the vehicle;
- 2) To ride in a car that meets LPSC uniform standards of being clean and in good condition, interior and exterior with a suitable partition;
- 3) To have open access to review all of the registration documents, by all Business Entities and Operators/Drivers;
- 4) To have a safe and courteous Operator/Driver who obeys all traffic laws of the applicable City, Parish, and State;
- 5) To have a knowledgeable Operator/Driver who speaks, reads and writes the English language;
- 6) To go to any destination that the passenger designates;
- 7) To be able to pay for your ride with credit, debit card or cash, per the passenger's choice;
- 8) To direct a route taken, the most direct route or the ability of a passenger's choice;
- 9) To have working air-conditioning or heat on request;
- 10) To have a noise free trip, including no horn honking or radio use; except radio communication used for dispatching purposes;
- 11) To have a clean air vehicle, smoke and scent free;
- 12) To have properly functioning seatbelts for all passengers;
- 13) To be accompanied by a service animal;
- 14) To have a Operator/Driver who does not use a cell phone while driving, hand held or hands free; except cell phones used for dispatching purposes;
- 15) To not share a ride, unless the passenger chooses to;
- 16) The right to decline a tip for poor service;
- 17) The right to be charged the posted fare, regardless of any personal disability.

## **7. SUSPENSION OF RIGHTS OR CHANGES TO BUSINESS ENTITY'S INFORMATION**

Suspension - If a Business Entity will be dormant for a short period of time, they may request a suspension of authority in writing. The letter must be notarized and give detail as to why the business is dormant, before the LPSC will consider granting such a request.

Changes To Business Entity's Information - If a Business Entity's information changes it is the Business Entity's responsibility to make those changes with the LPSC in writing using the proper forms which may be obtain by contacting the LPSC's main office. (For example name, address, contact information or any other relevant information)

## **8. ANNUAL REPORTS AND INSPECTION AND SUPERVISION FEES**

Annual Reports - All intrastate carriers subject to regulation by the LPSC are REQUIRED to file Annual Reports with the Transportation Division as stated in the Commission's General Order No. 2, dated July 1, 1921. More detailed information will be provided with your Common Carrier Certificate or Contract Carrier Permit.

Inspection And Supervision Fees - Motor carriers under the jurisdiction of the LPSC are also assessed Inspection and Supervision fees which are collected by the Department of Revenue. Once your authority is granted a copy of your certificate will be sent to their agency and you will receive more information on filing those fees. (L.R.S. 45: 1177-1179)



**LOUISIANA PUBLIC SERVICE COMMISSION**

PO Box 91154; Baton Rouge, LA 70821

(888) 342-5717 or (225) 342-4439

***DISPATCHED TAXICAB SERVICE APPLICATION***

**BUSINESS ENTITY'S INFORMATION**

SECTION 1

<b>Business Entity Name:</b>																										
DBA: (Including any doing business as "dba" name)																										
Business Entity's Authorized Representative:																										
<b>Common Carrier Application Fee - \$200.00</b>																										
Business Address:																										
City:	State:	ZIP Code:																								
Mailing Address:																										
City:	State:	ZIP Code:																								
Telephone # (Include Area Code):	Fax # (Include Area Code):																									
Email Address (Optional):	Cell # (Include Area Code):																									
FEIN #: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>				-									<b>OR</b>	SS# <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>				-			-					
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<b>COMPANY TAX REPORTING YEAR (Check ONLY one box)</b>																										
<input type="checkbox"/> Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.																										
<input type="checkbox"/> Company's Tax reporting year is on a FISCAL basis reporting from _____ to _____ each year. Month/Day Month/Day																										
<b>COMPANY OWNERSHIP AND/OR INTEREST</b>																										
<b>Check one box</b>	<input type="checkbox"/> Louisiana Domestic Corporation	Date of Incorporation _____																								
	<input type="checkbox"/> Louisiana Domestic Limited Liability Company (LLC)	Date of Formation _____																								
	<input type="checkbox"/> Louisiana Domestic Partnership	Date of Formation _____																								
	<input type="checkbox"/> Louisiana Limited Liability Partnership	Date of Formation _____																								
	<input type="checkbox"/> Foreign* Corporation in the State of _____	Date of Incorporation _____																								
	<input type="checkbox"/> Foreign* Limited Liability Company (LLC) in the State of _____	Date of Formation _____																								
	<input type="checkbox"/> Foreign* Partnership in the State of _____	Date of Formation _____																								
<b>MUST attach copies of the company's Secretary of State Certificate &amp; Articles of Incorporation or Formation from your state of origin or existence. *Foreign Entities must also register with the Louisiana Secretary of State's Office (La. SOS); submit copies of the paperwork filed with the La. SOS along with a copy of the Certificate of Good Standing issued by the La. SOS.</b>																										
List Names of Officers and/or Members and percentage of ownership or number of shares below and check one box to indicate title.																										
<b>Name</b>	<b>Title</b> (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	<b>Ownership</b> percentage of ownership or number of shares																								

**EQUIPMENT, DRIVERS and TERMINALS**

SECTION 2

<input type="checkbox"/> Applicant proposes to commence operations with the vehicles listed on the attached Form TU-44, and has included the \$10.00 per vehicle fee. (By checking this box applicant agrees that pursuant to La. R.S. 45:164 (A), <b>no vehicle with a reconstructed title</b> as provided for in La. R.S. 32:707 or an equivalent title issued pursuant to the laws of another state will be utilized in the operations granted under this LPSC authority.)		
<input type="checkbox"/> Applicant has attached Form D-7175 for each driver operating vehicles listed on the TU-44 Form, and has included the \$10.00 per driver fee.		
<b>Please Check One:</b> <input type="checkbox"/> Applicant has _____ number of ADA compliant vehicles <input type="checkbox"/> Applicant has contracted with _____ for ADA compliant vehicles. <i>(A copy of the contract is attached to this application)</i>		
Petitioner proposes to commence operations from the following LOUISIANA TERMINAL/LOCATION(S): Address other than those listed in Business Entity Information Section 1            (If additional space is needed, attach a separate sheet listing each location)		
Additional location address:		
City:	State:	ZIP Code:

**VERIFICATION**

SECTION 3

State of \_\_\_\_\_ County/Parish of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says:  
(Applicant's Printed Name)

That he/she is the APPLICANT in the above application; that he/she desires to secure from the Louisiana Public Service Commission a Common Carrier Certificate as stated, authorizing the applicant to operate as a **DISPATCHED TAXICAB SERVICE** providing services ten miles beyond their municipality/parish of domicile in vehicles having a seating capacity of less than ten passengers; and that he/she has read same and is familiar with the contents thereof and that facts as stated therein are true and correct, and to the best of his/her knowledge. FURTHERMORE, APPLICANT agrees to comply with all provisions of the law and the rules and regulations of the Louisiana Public Service Commission prior to commencement of operations and continuously thereafter. And understands that the information contained in this application may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

PRINTED NAME OF APPLICANT	PRINTED NAME OF NOTARY PUBLIC
SIGNATURE OF APPLICANT	SIGNATURE OF NOTARY PUBLIC (including Notary Seal & Number)

**LPSC OFFICE USE ONLY**

Approved by Staff \_\_\_\_\_ Date \_\_\_\_\_

*Louisiana Public Service Commission  
Transportation Division*

**TU-44**



PO Box 91154  
Baton Rouge, LA 70821  
(888) 342-5717 or (225) 342-4439

**NEW APPLICANT VEHICLE REGISTRATION FORM**

**Business Entity Name:**

Current address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact Person for this application:

Email Address:

Every vehicle operated as a Common or Contract Carrier of Passengers or a Dispatch Taxicab Carrier subject to LPSC jurisdiction shall be required to provide vehicles information each year (and when vehicles are added to the fleet), including age, model, type, and quality and pay a fee of \$10 per vehicle as established by General Order dated December 28, 2011. \*Once a vehicle is registered with the Louisiana Public Service Commission (LPSC), it will be the responsibility of the Business Entity to cancel any vehicles that are removed from its fleet or give notice for any vehicles that are taken out of service temporarily. (The LPSC will accept current & legible "REGISTRATION CERTIFICATE" copies for each vehicle's registration if attached to this form) **NO BUSINESS ENTITY MAY OPERATE ANY VEHICLE WHEN THE MODEL YEAR OF THE VEHICLE IS GREATER THAN SEVEN (7) YEARS OLD, UNLESS IT HAS BEEN PRE-APPROVED FOR AN EXEMPTION.**

Pursuant to La. R.S. 45:164 (A), any **vehicle with a reconstructed title** as provided for in La. R.S. 32:707 or an equivalent title issued pursuant to the laws of another state in the operation of such business is **prohibited** from being utilized under this LPSC authority.

TOTAL NUMBER OF VEHICLES BEING REGISTERED BELOW	PER VEHICLE FEE	TOTAL AMOUNT DUE <small>(by separate check)</small>	
X	\$10.00	=	<b>Intrastate LPSC Identification Stamp Fee</b>

COMPLETE VEHICLE VIN # <small>(e.g. 1LNHM84W13Y644999)</small>	MAKE <small>(e.g. LINCOLN)</small>	MODEL <small>(e.g. TOWNCAR)</small>	LICENSE PLATE # <small>(e.g. A806270)</small>	YEAR <small>(e.g. 2009)</small>	Assigned Vehicle # <small>(FOR LPSC USE ONLY)</small>

If additional space is needed please make copies of this form.

FOR LPSC OFFICE USE ONLY	Vehicle Voucher # _____	Payment Voucher # _____	<b>LPSC Form TU-44</b>
		# _____	

# Louisiana Public Service Commission

Post Office Box 91154  
Baton Rouge, Louisiana 70821-9154  
Telephone (225) 342-4439  
Toll Free (888) 342-5717

## Driver Application Rules and Instructions (LPSC Form D-7175)

Pursuant to General Order dated December 28, 2011, all Operator/Drivers of Common or Contract Carriers of Passengers or Dispatched Taxicab Carriers, shall be registered with the LPSC in the following manner; The Business Entity must complete an approved Application with the LPSC for each of its Operator/Drivers; All Operator/Drivers must be at least 18 years of age; All Operator/Drivers must produce a valid government issued ID to the LPSC; All Operator/Drivers must have a valid Louisiana Chauffeur's License; All Operator/Drivers must be able to speak, read, write and understand the English language; All Operator/Drivers must be familiar with the following: a) The geography, streets, and traffic regulations of any geographical area that the Operator/Driver will operate in and provide services to; and b) The rules and regulations of the Louisiana Public Service Commission; All Operator/Drivers must be of good moral character; All Operator/Drivers must agree to accept service of any sort of notice or legal process issued by any agency of the State of Louisiana upon the Operator/Drivers at the Operator/Drivers Mailing Address; and The Business Entity must remit a fee of \$10.00 per Operator/Driver, with their application/registration to the Louisiana Public Service Commission.

- All driver applications must be submitted by the Business Entity and register annually by completing the attached form for each driver; pay an annual fee of \$10.00 per driver and mailing to the above address. (Method of payment shall be by the Business Entity's company check or by certified funds only. Please submit only one check for all applications when possible.)
  - Every application must attach a legible valid copy of the driver's Louisiana Chauffeur's License. **(FRONT & BACK)**
  - If the driver is a non-employee of the business such as an Independent or Contract Driver, they must also attach a copy of the driver's individual Certificate of Liability Insurance.
- The Business Entity must attach a copy of their Employers' Quarterly Wage & Tax Report (LWC ES4) filed with the Louisiana Workforce Commission to identify which drivers are employed by the Business Entity.

It is the responsibility of the Business Entity to inform the Commission in writing when a driver is no longer employed or working under a contract with the Business Entity during any registration year and to add any new drivers by completing a new driver application and sending to the Commission with the \$10.00. All driver applications must be renewed annually by submitting an application and the \$10.00 per driver fee on or before January 31st each year.



Transportation Division
PO Box 91154; Baton Rouge, LA 70821
http://lpsc.louisiana.gov/
(888) 342-5717 (225) 342-4439

DRIVER'S REGISTRATION APPLICATION

ALL FIELDS MUST BE FILLED OUT COMPLETELY OR THIS APPLICATION WILL BE RETURNED

(Please make additional copies for multiple registrations or additional forms can be printed from our website)

- The Business Entity must submit one application per Driver annually with the \$10.00 per Driver fee.
Must attach a LEGIBLE copy of driver's CDL or Louisiana Chauffeur's License (FRONT & BACK).
Independent contractors and Contract drivers shall verify liability insurance coverage individually by attaching a "Certificate of Liability Insurance" to this application, or the Business Entity may provide a "Certificate of Liability Insurance Driver's Schedule" listing driver name & company policy number.

Empty rectangular box for additional information.

I \_\_\_\_\_ hereby authorized the below named driver to operate under
(Printed Name of Business Entity's Authorized Representative )
the LPSC account of \_\_\_\_\_ for the stated registration year.
(Business Entity Name) (LPSC Number)
Signature of Business Entity's Authorized Representative

Driver Details | Chauffeur or CDL License Number: | State:

Check one box:
[ ] Driver is an Employee of Business Entity as reported on the LWC ES4 (must attached copy)
[ ] Driver is a independent contract driver (must attach Certificate of Liability Insurance)
[ ] Driver is Business Owner

Name: First | Middle | Last

Mailing address:

City: | State: | ZIP Code:

Social Security #: | Date of Birth: M M - D D - Y E A R

Phone #: | Cell #: | Email Address(Optional):

Driver Questionnaire (EVERY QUESTION BELOW IS REQUIRED TO BE ANSWERED)

- 1. Are you able to speak, read, write and understand the English language? [ ] YES [ ] NO
2. Are you familiar with the geography, streets, and traffic regulations of any geographical area that you will operate in and provide services to and are you also familiar with the rules and regulations of the Louisiana Public Service Commission? [ ] YES [ ] NO
3. Have you ever been convicted of a crime (any misdemeanor or felony)? [ ] YES [ ] NO (If Yes please explain on a separate sheet)
4. Do you agree to accept service of any sort of notice or legal process issued by any agency of the State of Louisiana at your Mailing or Residential Address on this application? [ ] YES [ ] NO
5. I have attached a copy of my Louisiana Chauffeur's License and my certificate of liability insurance (if required)? [ ] YES [ ] NO

DECLARATION OF APPLICANT

Under penalties of perjury, I \_\_\_\_\_ (please print driver's name), declare that I have examined this application, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is incomplete or has incorrect information, my application will be returned. I can re-apply with a corrected application. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it: and I understand and agree that the Louisiana Public Service Commission may verify any documents and information I provide, and that I must follow and obey all rules and regulations of the Louisiana Public Service Commission.

Driver's Signature | Date