

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 _____