

**HILLSBOROUGH COUNTY
PUBLIC TRANSPORTATION
COMMISSION**

**P.O. BOX 1110, TAMPA, FL 33601
(813) 272-5814 – FAX (813) 272-6288**

**APPLICATION
FOR
ADMINISTRATIVE CHANGE
FOR AN EXISTING CERTIFICATE OF
PUBLIC CONVENIENCE
AND NECESSITY (COPCN)**

**TAXICAB, HANDICAB,
BLS AMBULANCE, LIMOUSINE,
VAN AND WRECKER SERVICE**

(COMMISSION USE)

COMPANY NAME: _____

TYPE SERVICE: _____

DATE RECEIVED: _____

CERTIFICATE NO. _____

**HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
(HCPTC)
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

This is an application for administrative change to an existing Certificate of Public Convenience and Necessity (COPCN) that provides authorization to operate a vehicle-for-hire service in Hillsborough County. Please complete the information in this application to indicate the administrative change for which approval is requested:

Name of Certificate holder: _____

_____ Ownership Change (Includes: individual owner change, majority ownership change of a partnership; majority membership change of an LLC; transferring ownership from one corporation to another or a change of majority ownership of the corporate stock resulting in change of operating control of the corporation).

_____ Board Member Change (less than a change of majority ownership of corporate stock and no change in operating control of the corporation)

_____ Name Change

_____ Business Location Change

_____ Vehicle Color Scheme Change

_____ Certificate Limitation Change (restricted to unrestricted or vice versa)

_____ Other (indicate) _____

➤ Note: Ownership change applications require a filing fee of \$500.00. Other administrative changes require a filing fee of \$250.00.

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If Individually Owned

Name of Service: _____

Business Street Address: _____

City _____ State _____ ZIP _____ - _____

Phone (_____) _____ Fax (_____) _____

E-mail (if any) _____

Business Mailing Address (complete only if different from above):

Owner's Full Name: _____

Birth Date ____/____/____ Age ____ Sex _____ Race _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Owner's Home Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (_____) _____ Fax (_____) _____

SSN _____ - _____ - _____

Florida DL Number _____ State _____

Date DL Issued ____/____/____

Applicant's Initials _____

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If Partnership, Association or Limited Liability Company (LLC) Owned:

Name of Service: _____

Business Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (_____) _____ Fax (_____) _____

E-mail (if any) _____

Mailing Address (If different from above): _____

Partner/Member Full Name: _____ SSN [] - [] - []

Birth Date ____/____/____ Age ____ Sex ____ Race ____

Height ____ Weight ____ Eye Color ____ Hair Color ____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Home Phone (_____) _____ Fax (_____) _____

E-mail _____

Driver License Number [] State _____ Date Issued ____/____/____

Partner/Member Full Name: _____ SSN [] - [] - []

Birth Date ____/____/____ Age ____ Sex ____ Race ____

Height ____ Weight ____ Eye Color ____ Hair Color ____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Home Phone (_____) _____ Fax (_____) _____

E-mail _____

Driver License Number [] State _____ Date Issued ____/____/____

Partner/Member Full Name: _____ SSN [] - [] - []

Birth Date ____/____/____ Age ____ Sex ____ Race ____

Height ____ Weight ____ Eye Color ____ Hair Color ____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Home Phone (_____) _____ Fax (_____) _____

E-mail _____

Driver License Number [] State _____ Date Issued ____/____/____

(Use Additional Sheets if Necessary)

Applicant's Initials _____

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If a Corporation:

Name of Corporation: _____

(Attachment 14 must include Articles of Incorporation)

Date Incorporated ____/____/____

Trade Name (if any) _____

FICTITIOUS NAME REGISTRATION: If utilizing a fictitious name for a person, firm, group, combination of individuals or partnership, evidence of compliance with Section 865.09, Florida Statutes, must be included with this application.

Business Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (____) _____ Fax (____) _____

E-mail _____

Mailing Address (If different from above): _____

President (or corporate designee) full name: _____

Sex _____ Race _____ Height _____ Hair color _____ Eye Color _____

Weight _____ Birth date ____/____/____ Age _____ SSN _____ - _____ - _____

Home Street Address _____

City _____ State _____ ZIP _____ - _____

Phone (____) _____ Fax (____) _____

Driver License Number _____ State _____ Date Issued ____/____/____

**HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
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(Corporate Owned Continued)

Corporate Officers/Directors (use continuation sheet if necessary)

FULL NAME/TITLE	ADDRESS	DATE OF BIRTH	RACE/SEX	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registered Agent:

➤ **Applicants representing corporations must submit evidence that the individual is authorized to act on behalf of the corporation.**

Name: _____ **SSN** _____

Address: _____

City _____ **State** _____ **ZIP** _____ - _____

Phone Number (_____) _____ **Fax** (_____) _____

E-mail _____

Signature _____

Applicant's Initials _____

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REQUIRED ATTACHMENTS

(Prepare each attachment separate from the other attachments. Put supporting documents for a particular attachment immediately behind that attachment. Address each lettered sub-element listed for each attachment)

_____ **Attachment 1.** (Ownership Change Only) A statement/document that describes the financial status, character, and responsibility of the new owner (individual) or owners (partnership or LLC members) or new corporation.

_____ **Attachment 2.** **The new owner, owners or corporation must submit for a current credit report from an accredited credit monitoring agency or credit bureau, to become part of this application upon receipt by the Commission staff.** This report shall be forwarded directly to the Commission office at the applicant's expense.

_____ **Attachment 3.** A statement or document that describes the experience of the new owner in the operation as an owner or manager or as a driver for the type of service provided.

_____ **Attachment 4.** (Only complete for color scheme change requests) A proposed color and schematic design for vehicles in the applicant's fleet of taxicabs, BLS ambulances, handicabs or vans. This can be a photograph or an artist's drawing of the proposed design. This should include taxicab cruise light design, any plans advertising, lettering, etc. This attachment, once approved, must be followed by the applicant for all permitted vehicles operating under the Certificate.

_____ **Attachment 5.** (Only complete those portions that change as a result of this administrative change) A listing of proposed services and rates (taxicabs excluded). This should be a factual statement describing the proposed services to be provided by the applicant if approved including the type of service, hours and days of operation, market to be served, geographic areas to be served, a schedule of rates to be charged for the services proposed and any other pertinent data you wish the Hearing Officer and the Commission to consider.

_____ **Attachment 6.** (Only complete those portions that change as a result of this administrative change). The applicant's plan for maintenance, facilities, insurance coverage, complaint handling, accident and injuries, drug-free workplace implementation, business accounting or other pertinent management areas the applicant desires to highlight.

_____ **Attachment 7.** (Only complete those portions that require updated information) A listing of or explanation of the new owner's, partner's or board member's criminal history and how this would or would not affect the safety of the traveling public. The applicant must include all crimes, excluding traffic, for the last ten (10) years that were convictions, guilty or nolo contendere pleas for local, state or federal laws. **Included in the application packet will be a criminal history obtained through the Florida Department of Law Enforcement by the Commission staff.**

_____ **Attachment 8.** The applicant (owner, partners, and corporate representative) must have photograph and fingerprints taken by the Hillsborough County Sheriff's Office (Falkenburg Road) on forms provided by Applicant's Initials _____

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the Commission staff. These documents will be returned to the Commission office directly and will become part of the application packet upon receipt.

_____ **Attachment 9.** A Department of Highway Safety and Motor Vehicles Division of Driver Licenses transcript of driver record will be obtained by the Commission staff and will be included in the application packet upon receipt. The applicant will be expected to address any issues that surface as a result of the receipt of information in this report.

_____ **Attachment 10.** Any occupational licenses required as a result of this administrative change.

_____ **Attachment 11. (Only complete those portions that require updated information)** Articles of Incorporation, for corporate applications, obtained from the Florida Secretary of State's Office in Tallahassee at applicant's expense.

_____ **Attachment 12. (Only complete those portions that change as a result of this administrative change).** Completed Drug-Free Workplace compliance form provided by the Commission staff and completed by the applicant.

_____ **Attachment 13.** A statement from the applicant disclosing whether or not there are any written or oral agreements in place that would affect the ownership or control of the service being applied for.

_____ **Attachment 14.** Compliance form attached to application packet is completed.

_____ **Attachment 15.** Acknowledgement form attached to application packet is completed.

_____ **Attachment 16.** Copies of receipt(s) reflecting payment of fee(s). Included by staff.

Administrative Change applications will be considered for approval by the Commission, at the first meeting available after the application is submitted. The Commission may approve, disapprove, remand the application to a Hearing Officer or request the application be amended and resubmitted. If remanded to a hearing officer, the hearing officer fee is \$600.00. When authorized by the Commission, the Director will consider review and approve certain administrative applications.

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Compliance Form

I, _____, of _____,
(Individual or Representative) (Partnership, Company or Corporation)

do hereby swear/affirm that the listed applicant company is in compliance with all applicable county and municipal ordinances and codes; state laws, regulations and codes; and federal laws and codes.

Applicant's signature _____
(signed in presence of notary public)

A F F I D A V I T

State of Florida

County of _____

On this _____ day of _____, 20_____, personally
appeared before me the above named person, who is personally known to me or who has produced
_____ as identification and who did take an oath.

Notary Public: _____

My commission expires: _____

Applicant's Initials _____

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Acknowledgement

It is acknowledged by the applicant that this application shall be investigated by the Hillsborough County Public Transportation Commission who shall have the authority to require such further investigation or additional information as deemed necessary to adequately inform the Hillsborough County Public Transportation Commission about the applicant's proposed operations and the public need therefore.

I hereby certify that I have read and understand Chapter 2001-299, Laws of Florida, and the Rules and Regulations of the Hillsborough County Public Transportation Commission, and if granted a Certificate of Public Convenience and Necessity, will fully comply with its provisions.

**Applicant's Signature _____
(Individual authorized to represent the company, partnership or corporation)**

A F F I D A V I T

State of Florida

County of _____

**On this _____ day of _____, 20_____, personally
appeared before me the above named person, who is personally known to me or who has produced
_____ as identification and who did take an oath.**

Notary Public: _____

My commission expires: _____

Applicant's Initials _____