



STATE OF CONNECTICUT
 DEPARTMENT OF TRANSPORTATION
 BUREAU OF PUBLIC TRANSPORTATION
 REGULATORY AND COMPLIANCE UNIT
 2800 BERLIN TURNPIKE
 NEWINGTON, CT 06111



This Section is for Office Use Only

Date: _____ App. Rec'd By: _____ Payment Amt. _____

Circle One: Cash, Check, Money Order Check or MO Number: _____

Application/Docket Number: _____ Permit Number: _____

Company's Legal Name: _____

Payment Received by UE: Initials _____ Date: _____

Deposit Date: _____ Deposit Number: _____

**APPLICATION FOR REGISTRATION OF A FEDERAL HIGHWAY
 ADMINISTRATION MOTOR PASSENGER CARRIER AUTHORITY**

Application Fee:

This application must be accompanied by a fee of **TWO HUNDRED DOLLARS (\$200.00)** in cash, check or money order payable to **"Treasurer, State of Connecticut"**.

- Do not mail cash.
- Application fee is non-refundable.
- Failure to complete all applicable sections may result in delayed processing or a returned application.
- The Application Number assigned to this submittal is also the Docket Number for the submittal.
- If additional space is required for any item, please attach a separate sheet. Write the applicant's name and the section of the application to which it refers on each separate sheet.
- **Administrative Withdrawal and Loss of Fee:** Applicants are required to file documents requested by the department within ten (10) business days from the date of the request. Failure to comply with the filing deadline may result in your application being administratively withdrawn by the department. When an application is administratively withdrawn, your fee cannot be refunded or be used for any subsequent application.

Submit to:
 Connecticut Department of Transportation
 Regulatory and Compliance Unit
 2800 Berlin Turnpike
 Newington, CT 06111
 (860) 594-2865

Attorney Information:

- Are you represented by an attorney, Yes No If yes, please complete the following:

Attorney's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Nature and Extent of Service

This application is solely to **REGISTER A FEDERAL HIGHWAY ADMINISTRATION MOTOR PASSENGER CARRIER AUTHORITY** – Each person, limited liability company or corporation operating a motor vehicle by virtue of authorization issued by the Federal Highway Administration for charter and special operation shall register such authorization for interstate operation with the Department of Transportation if such person, association, limited liability company or corporation maintains a domicile or principal office in the state. CGS 13b-102(b)

Please provide the information requested below.

In accordance with and under the provisions of Connecticut General Statutes Section 13b-102(b), the following hereby makes application for authority to register an FHA authority for charter and special operation from a headquarters located in:

_____ City, State, Zip

Business Information

Company's Legal Name _____
(Name of individual, Partnership, Corporation, or Limited Liability Company)

The legal name on this application must match the name on the FMCSA Certificate and in the Secretary of the State's Concord System

Trade Name (or d/b/a, if applicable) _____

Federal Highway Administration Authorization (MC#) _____

DOT Livery Permit Number, if issued previously _____

Mailing Address _____

City/State/Zip _____

Physical Address (if different) _____

_____ Contact Name _____
(name of person to contact if there are questions about this application)

Contact Phone Number with area code _____

Contact Email Address _____

Authorized Vehicles

Specify the motor vehicles you propose be authorized to operate under your Permit.

Vehicle Year	Vehicle Make	Vehicle Type (Sedan, SUV, Van, etc.)	Seating Capacity	Vehicle Registration		
				State	Number	Expiration Date

Reminder

- You **need an inspection** if your vehicle has a seating capacity of 8 to 10, regardless of body type.
- All Van-type vehicles must be inspected, as well as all SUVs, Crossovers and Station Wagons.

Insurance

- If you already own the vehicle(s) noted above, submit a copy of the portion of your insurance policy that lists coverage and effective dates.
- If you do not currently own the vehicle(s) noted above, submit a letter from your insurance company on their letterhead detailing the proposed limits and estimated cost of coverage.

Organization of Applicant (Documentation Required)

Please provide a copy of the applicable organizational documents filed with the Office of the Secretary of the State and/or Town Clerk’s Office.

- Corporations must provide a copy of their Articles of Incorporation
- LLCs must provide a copy of their Articles of Organization
- Partnerships must provide a copy of their Partnership Agreement
- Sole Proprietors must provide a copy of their Trade Name Filing
- Corporations, Partnerships and Limited Liability Companies (LLC) operating under a d/b/a must provide a copy of their Trade Name or d/b/a registration as well as their organizational documents noted above.

List the names, titles and residential addresses of individuals seeking authority, including all owners, partners (if Partnership), principal officers (if Corporation) and members (if Limited Liability Company)

NAME	TITLE	RESIDENTIAL ADDRESS

- Would service be performed in connection with any other business? Yes No
- If yes, what business?

Criminal Convictions

A Criminal Conviction History Report (based on fingerprints and provided by the Connecticut State Police) is required for each individual listed in the application.

Please note: The Criminal Conviction History Report is required to be updated every two years.

- Has the owner or have any of the partners, officers, or members of the applicant ever been convicted of any crime or offense other than motor vehicle violation in the past ten (10) years? Yes No
- If yes, provide approximate dates and give details including any resulting police, court, or criminal process. (Attach separate sheet if more space is required.)

License Revocation or Suspension

This question applies to and must be answered for every owner, partner, officer or member.

- Has the owner or have any of the partners, officers, or members of the applicant ever had their operator’s license revoked or suspended? Yes No
- If yes, by what state, give reason, approximate date and length of suspension.

Federal Motor Carrier Safety Administration Certificate (FMCSA)

- Please provide a copy of your FMCSA certificate
- Important Note: The name on the FMCSA Certificate should be the legal name of the company and must match the legal name on file with the office of the Secretary of the State’s Office and/or on file with the Town Clerks Office and the legal name listed on the DOT application

Agent for Service

- If you operate as a Corporation or Limited Liability Company, please provide the name, address and phone number of your agent for service of legal process or notice.

Name: _____

Address: _____

Phone Number: _____

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NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYER IDENTIFICATION

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employer Identification Number or both is available with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

APPLICANT NAME: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

AND/OR

INDIVIDUAL SOCIAL SECURITY NUMBER: _____

NOTARIZATION: TO BE EXECUTED BY THE SOLE PROPRIETOR, AN AUTHORIZED PARTNER, AN AUTHORIZED OFFICER OF THE CORPORATION, OR AN AUTHORIZED MEMBER OF THE LIMITED LIABILITY COMPANY

State of Connecticut

County of _____

I (We), the undersigned under oath, say that the foregoing application was prepared by me, or under my direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge and belief, under the penalties of perjury.

(Print – name) (Title) (Telephone)

Signature _____

(Print – name) (Title) (Telephone)

Signature _____

(Print – name) (Title) (Telephone)

Signature _____

Subscribed and sworn to before me this _____ day of _____, _____.
(Day) (Month) (Year)

Notary Public/Commissioner of Superior Court

My Commission Expires _____

CHECKLIST

Registration of Federal Highway Administration Authority Application (Z-Plate)

FAILURE TO COMPLETE ALL APPLICABLE SECTIONS OF THE APPLICATION MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.

- Application Fee - cash, check, or money order payable to “**Treasurer, State of Connecticut**”
- Attorney’s Information – provide information requested
- Nature and Extent of Service Proposed – provide information requested
- Business Information - provide information requested
- Authorized Vehicles
- Insurance – provide information requested
- Organization of Applicant – submit copies of documents showing your type of organization, trade name filing, if applicable, and provide the other information requested
- Criminal Conviction Information - submit your application to State Police for a Criminal Conviction History Report unless a current Criminal Conviction History Report is on file with DOT
- License Revocation and Suspension Information– provide information requested
- Federal Motor Carrier Safety Administration Certificate – provide a copy of this certificate
- Agent for Service– provide information requested
- Federal Employer’s Identification Number or Social Security Number – provide information requested
- Application Signatures Notarized – remember to have signatures notarized

I certify that I have read the Information Sheet and Checklist provided with this application and I have used both to ensure that the application is complete and the information provided is accurate.

(Print – name)

(Title)

(Signature)