



GOVERNMENT OF THE DISTRICT OF COLUMBIA

TAXICAB COMMISSION

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COORDINATED ALTERNATIVE TO PARATRANSIT SERVICES Operating Authority Application Instructions and Terms:

- The Operating Authority Application Form must be typed, notarized and returned to the Office of Taxicabs on or before September 5, 2014.
- To be considered complete, the Application must include all items requested. Incomplete Applications will not be processed. Acceptance of your fee payment and issuance of a receipt for that payment by the Office of Taxicabs does not constitute approval of your Application. **Applicants should be aware of the DCMR Title 31 Chapter 18 requirements.**
- If your Application is submitted on time and approved, you will receive an Operating Authority and decal for your vehicle(s). The estimated processing time to review an application is ten (10) days.

Application Checklist:

1. Completed Application Form
2. Attachment B-1: Copy of your current Occupancy Permit
3. Attachment C-1: Current Certificate of Good-Standing from the DC Department of Consumer and Regulatory Affairs (DCRA) for each domestic and foreign corporation with vehicles in your fleet
4. Attachment C-2: A copy of the Articles and Certificate of Incorporation and By-laws; For Partnerships:
An executed copy of the Partnership Agreement; Current By-laws and other Rules and Regulations relating to the organization and operation of the association; For unincorporated entity provide proof of Unincorporated Business status
5. Attachment C-3: Copy of Prior Year's Filed Federal and Local Income Tax Returns/Existing Companies Only
6. Attachment E-1: Driver Inventory
7. Attachment E-2: Vehicle Inventory
8. Attachment E-3: Copy of training curriculum
9. Clean Hands Certification and DC Business Tax Registration
10. Copy of current digital dispatch service contract
11. Internal Driver Safety System
12. Final review vehicle inspection registration required permit approval by DCTC

CAPS-DC OPERATING AUTHORITY LICENSE APPLICATION FORM

SECTION A: OPERATING AUTHORITY TYPE & FEE INFORMATION

AUTHORITY FEE:

[] DC based CAPS-DC Company.....\$???

VEHICLE LICENSE FEE:

Number of vehicles Total Vehicle license fee \$100 per vehicle

SECTION B: GENERAL INFORMATION

Applicant _____
(Corporate / Individual Name)

Trading As _____
(For-Hire Business Name)

Business Address _____
Street (P.O. Box prohibited)

City _____ State _____ Zip Code _____ Telephone _____

Fax No. _____ E-Mail Address _____

DC Tax ID No. _____ Federal Tax ID No. _____

Provide a copy of your current occupancy permit. Identify as Attachment B-1. Provide a copy of the tax letter or coupon for the DC and Federal Tax return as Attachments B-2 and B-3 respectively

SECTION C: BUSINESS STRUCTURE

(Check only **one** type of business per application):

1. [] Corporation.

- a. State where incorporated: _____ Year of Incorporation: _____
- b. Attach a current Certificate of Good Standing from the D. C. Department of Consumer & Regulatory Affairs for all domestic & foreign corporations. Identify as Attachment C-1
- c. Attach a copy of articles of incorporation, certificate of incorporation and bylaws. Identify as Attachment C-2

2. [] **Partnership.** Attach an executed copy of partnership agreement bylaws. Identify as Attachment C-2.
3. [] **Sole Proprietorship.** Attach an executed copy of partnership agreement bylaws. Identify as Attachment C-2.
4. [] **Unincorporated Association.** Attach a copy of current by-laws and other rules. Identify as Attachment C-2.

SECTION D: DC RESIDENT AGENT FOR SERVICE OF LEGAL PROCESS

Name (applicant or authorized representative) _____

(Area Code) Telephone _____ (Area Code) FAX _____

_____ D C Street Address and Zip code

Email _____ Agent Signature _____

SECTION E: OPERATIONS

1. Attachment E-1: Driver Inventory of operator(s) name(s), cellular telephone number(s), DCTC commercial operator’s license number(s), and an indication of whether the operator(s) has completed the wheelchair service training pursuant to § 1806.6, and, if so, the date of completion.
2. Attachment E-2: Vehicle Inventory of the year, make, model, color, PVIN, tag number, and an indication of whether the vehicle is wheelchair accessible for each vehicle..
3. Attachment E-3.: Copy of training curriculum
4. A copy of current dispatch and internal driver safety systems.

SECTION F: AUTHORIZED OFFICIALS

The persons whose names and signatures appear below are authorized to sign for all licenses, permits, and official documents on behalf of the business named on this application.

TITLE	PRINTED NAME	SIGNATURE	DATE	HOME ADDRESS	PHONE	FAX	EMAIL
CEO							
COO							
Other							

SECTION G: APPLICANT ATTESTATION

I, _____, hereby certify under penalty of perjury, under the laws of the District of Columbia and the United States of America that all information supplied on this form and any attachments hereto is true and correct to the best of my knowledge and belief. I further certify that there is/are no proceeding(s), either completed or pending, in which the applicant has been found unfit, had articles of incorporation or business license revoked by this Commission, the District of Columbia Office of Consumer and Regulatory Affairs or any other regulatory body in the District of Columbia or any other jurisdiction or any court of law in the District of Columbia or any other jurisdiction. Note: If there are or were such proceedings, provide the following for all proceedings whether completed or pending:

Description _____
 Case No & Name _____
 Regulatory Body _____
 Date Instituted _____ Date Completed _____

I, the applicant, hereby certify that I have access to and am familiar with the requirements of the laws, rules and regulations applicable to public vehicles-for-hire, public vehicle-for-hire licenses, public vehicle-for-hire operating authorities and any and all other applicable requirements. I certify that I will comply with these laws, rules and regulations, specifically Title 31 DCMR, and all Commission orders and requirements.

Applicant's Name _____ Title _____ Signature _____ Date _____

SECTION G: VEHICLE REGISTRATION

Year: _____ **Make:** _____ **Model** _____ **Tag#** _____ **Name of registered owner** _____

Insurance Company _____ **Policy Number** _____ **Policy** _____ **Effective Date** _____

_____ **Policy Expiration Date** _____ **DMV Inspection report #** _____

Overall result _____ **Inspection Date** _____