

**APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR
CLASS E TRANSPORTATION NETWORK CARRIERS**

Class E – A transportation network carrier (TNC) is an entity that uses a digital network or software application service to connect passengers to TNC services provided by TNC drivers. A TNC does not own, control, operate or manage the vehicles used by TNC drivers (except where agreed to by contract), and is not a taxicab association or a for-hire vehicle owner. (See Chapter 456, Laws of 2015.)

PLEASE ANSWER EACH QUESTION DEFINITELY
(Print or Type Information)

1a. Sole Proprietor - Applicant Name _____

1b. If not a Sole Proprietor, Applicant's Legal Entity Name _____

1c. D/B/A Name (d/b/a) applicant will use, if applicable _____

2. Mailing Address _____

Street or P.O. Box

City

State

Zip Code

Physical Address (if different from above) _____

Street

City

State

Zip Code

Telephone _____ Additional Telephone _____

Email Address _____

3. Business Structure: Check the Applicant's business organization type, providing the following information:

Sole Proprietorship: Proprietor: _____

** Partnership General Limited (circle one)
Names of general partners: _____

** Entity (Corporation, LLC, LLP) (Indicate where entity is registered) _____

Does any single shareholder own more than 50% of this corporation? _____ NO _____ YES

If "yes", name the shareholder: _____

If applicable, list the corporate officers or entity members and their addresses:

** Please note that applicants, other than sole proprietors, are required to be represented before the Commission by counsel.

4. PSC Number. If the applicant has ever held Montana intrastate motor carrier authority, list the MRC or PSC number under which said authority was issued: _____.
 5. Attach a description of of the digital network and/or the software application service the applicant will use to enable the pre-arrangement of rides by prospective passengers with TNC drivers. Include instructions to access the digital network or software application service.
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6. Attach evidence issued by the insurer that applicant complies with the requirement that he or she demonstrate fitness by providing evidence of liability insurance coverage. Alternatively, attach a detailed statement that applicant, once certificated, will comply with the statutory insurance requirements. Those requirements are:

Primary insurance while a TNC driver is logged in but not engaged in ride:

- \$ 50,000 for death/bodily injury per person
- \$100,000 for death/bodily injury per incident
- \$ 25,000 for property damage
- uninsured motorist coverage when required by 33-23-201, MCA

Primary insurance while a TNC driver is engaged in ride:

- \$1 million for death/bodily injury/property damage
- uninsured motorist coverage when required by 33-23-201, MCA

In both logged-in status and ride status, insurance requirements may be satisfied by a TNC driver policy, a TNC policy, or a combination of both. Please check the appropriate boxes below to indicate whether the TNC or the TNC driver will be satisfying the insurance requirements:

While in logged-in status:

- TNC policy TNC driver policy combination of TNC & TNC driver policies

While in ride status:

- TNC policy TNC driver policy combination of TNC & TNC driver policies

7. Attach the written information the TNC is required to provide its drivers that: (1) discloses the insurance coverage the TNC provides while the driver uses his personal vehicle for TNC work and, (2) informs the drivers that their personal vehicle liability policies might exclude coverage when the TNC driver is logged in or providing TNC rides. (See Chapter 456, Laws of 2015, New Section 5.)
8. If applicant will charge a fare to passengers, explain below how applicant will accomplish the following requirements: (Attach sheet if space is insufficient)

- a. Disclose applicant's fare calculation on applicant's website or within the software application service

- b. Provide passengers with the applicable rates being charged and the option to receive an estimated fare prior to the ride

- c. Transmit to passenger an electronic itemized receipt within a reasonable period of time following a ride.

9. List proposed geographic areas of service (scope of authority).

Examples:

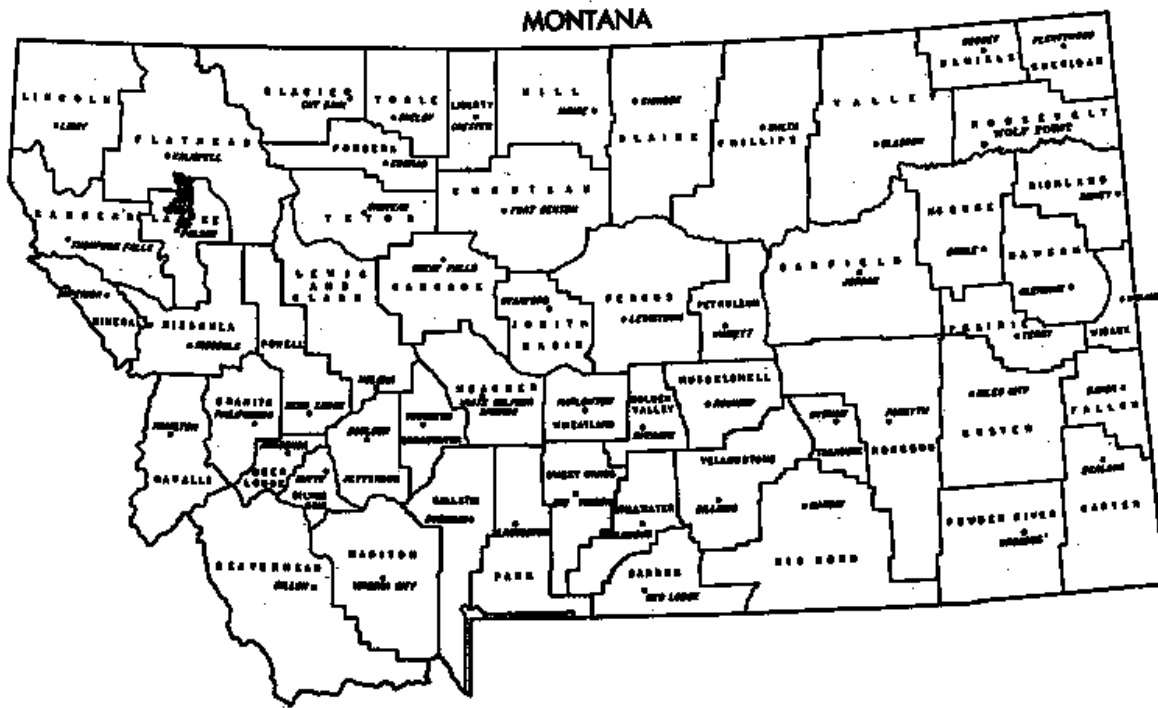
“within the city of _____”

“between all points and places within _____ County(s)”

“between all points and places within the State of Montana”

“from points in _____ County(s) to all points in Montana”, etc.

10. A map of the proposed operation is shown herewith. (For information of Commission only). Applicant should color that portion of the state map within which he or she intends to operate.



11. STATEMENT OF ASSETS AND LIABILITIES (Attach sheet if space is insufficient).

Description	Assets	Liabilities
Total		

12. IMPORTANT: You must read, and if granted a certificate of compliance by this Commission, comply with all of the rules and regulations of the Commission and the laws of the State of Montana pertaining to Class E motor carriers.

WILL YOU DO SO? YES NO

13. Applicant understands that the filing of this application does not in itself constitute authority to operate.

14. Enclosed is a bank draft, money order or check for the \$500.00 filing fee. If the application does not go to public hearing \$300.00 of this fee will be refunded. Applicant will be contacted for Tax ID Number or Social Security Number information at that time.

15. In the event the evidence at the hearing indicates the Applicant is entitled to receive a form of authority other than applied for, such other form of authority will be granted.

SIGNATURE OF APPLICANT

STATE OF MONTANA,) ss.
County of _____)

_____, being first duly sworn, deposes and says that they are the applicant named above; that they have read the foregoing application and know the contents thereof; that the same is true of their own knowledge, except as to matters which are therein stated on information or belief, and as to those matters, they believes it to be true.

Date _____, 20____ (Signature of Applicant) _____

Subscribed and sworn to before me this _____ day of _____, 20____

(S E A L)

Notary Public for the State of _____
Residing at _____
My Commission expires _____