



## TRANSPORTATION NETWORK COMPANY OPERATING AUTHORITY CERTIFICATE APPLICATION (INSTRUCTIONS AND APPLICATION)

- Purpose:** Use this form to apply for authority to operate as a Transportation Network Company (TNC) within Virginia.
- Instructions:** To ensure accurate and timely processing of your application, read and follow all steps outlined in the instructions.
- NOTE:** The application process for operating authority involves multiple steps, including the submission of various pieces of information, and requires the applicant's continuing involvement and cooperation with DMV staff. It is critical that all required information is current and that it is submitted timely. If after 90 days you have failed to respond to a request for information, DMV may cancel your application. If your application has been canceled and you later decide to reapply for operating authority, you will need to begin the process as a new applicant.

**Please be aware of the following prohibition.** If you have been or are found guilty of performing, offering, advertising, providing, procuring, or arranging by contract, agreement, or arrangement to transport passengers for compensation without the required license, permit, or certificate through either a conviction resulting from a Virginia Uniform Summons or a civil penalty appropriately assessed by DMV, you will be denied the license, permit, or certificate requested for a period of 12 months beginning from the date of the conviction or assessment of the civil penalty.

### FILING INSTRUCTIONS

Your application must include a surety bond or letter of credit in the amount of \$25,000, which must remain in effect for the first three years of licensure.

**Filing fee options:**

Option 1- Submit a filing fee of \$100,000. This fee may be paid by check, E-Check, or ACH Credit. If your application is not approved, \$90,000 of the application fee will be refunded.

Option 2 – Pay a surcharge of \$20 in addition to the driver transcript fee for each partner who holds a Virginia driver's license. Normal driver transcript fees apply depending on the service outlet used (transcripts are available by mail, electronically, and in person at DMV Customer Service Centers and DMV Select offices). You must complete an Information Request (CRD 93) to obtain a Driver/TNC transcript. A TNC may also choose the option to participate in other driver monitoring programs at its own discretion.

NOTE: The Code of Virginia requires a TNC to obtain a driver transcript for each partner prior to the individual acting as a TNC partner and at least once annually thereafter. Driver transcripts for TNC purposes cannot be obtained until after you are granted the required certificate of fitness.

Your original application should be mailed to the following address :

Department of Motor Vehicles  
Motor Carrier Services  
P. O. Box 27412  
Richmond, Virginia 23269-0001

The Transportation Network Company Manual (DMV 277) is available at [www.dmvNOW.com](http://www.dmvNOW.com). This manual is intended as a guide for Transportation Network Companies interested in operating in Virginia or licensed to operate in Virginia. The manual covers licensing and operational requirements, insurance requirements, notice requirements, record keeping obligations and other information important to Transportation Network Companies and their driver partners.

### SECTION 1 -- BUSINESS INFORMATION

Complete all fields in this section as described below:

**BUSINESS NAME** - enter the legal name used to register your business.

**FEDERAL TAX IDENTIFICATION NUMBER** - enter the Internal Revenue Service assigned number that identifies your business entity.

**TRADE NAME OR DOING BUSINESS AS** - enter the name by which people know your business. Only complete this field if this name is different than your "Business Name".

**BUSINESS STREET ADDRESS** - enter the street number and name of your business' physical location. This location must be where the routine day to day operations of the business are conducted, owned or leased by the applicant, satisfy all applicable local zoning regulations, house all records, and be equipped with a working telephone listed in the business name.

**CITY** - enter the city name of your business' physical location.

**STATE** - enter the state name of your business' physical location.

**ZIP CODE** - enter the postal zip code for your business' physical location.

**BUSINESS MAILING ADDRESS** - enter the mailing address (street number and name or P.O. Box) for your business. Only required if different than business' physical location.

**CITY** - enter the city of the mailing address for your business.

**STATE** - enter the state of the mailing address for your business.

**ZIP CODE** - enter the postal zip code of the mailing address for your business.

**COUNTY NAME** - if your business is located in Virginia, enter the county name for the business' physical location (if applicable).

**BUSINESS TELEPHONE NUMBER** - the number at which your business can be reached during business hours, this number must be listed or advertised in the name of the business.

**BUSINESS FAX NUMBER** - enter fax number for the physical location of your business.

**PRIMARY CONTACT PERSON NAME** - enter the name of the person who will serve as the primary DMV contact for any questions regarding your application or business.

**PRIMARY CONTACT TELEPHONE** - enter the best number to reach the primary contact person listed for your business.

**PRIMARY CONTACT FAX NUMBER** - enter the best number to send fax transmissions to the business' primary contact person.

**PRIMARY CONTACT PERSON TITLE** - enter the official business title of the business' primary contact person.

**PRIMARY CONTACT EMAIL ADDRESS** - enter the email address for the business' primary contact person.

### SECTION 2 -- BUSINESS ENTITY INFORMATION

**BUSINESS ENTITY TYPE** - check to indicate if your business is structured as a corporation or other entity type.

**LIST BUSINESS OFFICIALS** - enter requested information for all required business officials as determined by your entity type.

### SECTION 3 -- LICENSE/CERTIFICATE INFORMATION

Answer questions in this section accurately and provide additional information as appropriate.

**CERTIFICATE / LICENSE TYPE** - if your business has had an operating authority certificate or license denied, suspended or revoked, enter the type of certificate or license that was denied, suspended or revoked.

**CERTIFICATE / LICENSE NUMBER** - enter the certificate or license number(s) associated with the denial, suspension or revocation.

**CERTIFICATE / LICENSE** - check appropriate box to indicate if your certificate or license was denied, suspended or revoked.

**REASON** - enter the reason why your certificate or license was denied, suspended or revoked.

**CONVICTION / CIVIL PENALTY** - check the applicable box to indicate if you as a sole proprietor, or a partner, or the business name provided in Section 1, or any business official listed in Section 2, have ever been convicted or assessed a civil penalty for involvement in a passenger transportation service or for operating, offering, advertising, providing, procuring, furnishing or arranging to transport passengers for compensation without first obtaining a license, permit or certificate from DMV? If you checked "yes", provide the full legal name of the person cited, if it was a conviction or civil penalty, and the court of jurisdiction for the conviction.

### SECTION 4 -- CERTIFICATION

Carefully read this section, then sign and date where indicated.

### SECTION 5 -- PAYMENT METHODS

Check which option you are choosing:

If a payment is enclosed, the following payment options are available:

- Payments can be made by check, e-check or ACH Credit.
- If paying by e-check, contact Motor Carrier Services at (804)249-5130. If paying by ACH Credit, follow the instructions below.
- **ACH Credit** - An ACH Credit is initiated by a business customer who arranges to have funds transferred from their bank to DMV's bank by Electronic Funds Transfer using the ACH system. If a business customer wishes to make a payment to DMV by ACH Credit, and if DMV has agreed, the business customer must arrange this option with their bank. In cases of ACH Credit, DMV will not render the service or release any documents until such time as it has been confirmed that the ACH Credit has arrived in DMV's bank. DMV's Cashier's Office can provide the business customer with the Transit/Routing Number and Bank Account Number for DMV's bank. Contact our Cashier's Office at (804) 367-1884.

### CONTACT INFORMATION

If you have additional questions or need assistance, you can contact a Motor Carrier Services Representative at:

(804) 249-5130 (voice)

(804) 367-1003 (fax)

(800) 272-9268 (deaf and hearing impaired only)

[mcsonline@dmv.virginia.gov](mailto:mcsonline@dmv.virginia.gov) (e-mail)

# TRANSPORTATION NETWORK COMPANY OPERATING AUTHORITY CERTIFICATE APPLICATION

## 1. BUSINESS INFORMATION

BUSINESS NAME (For Individual applicants give your full legal name)			FEDERAL TAX IDENTIFICATION NUMBER	
TRADE NAME OR DOING BUSINESS AS (if different from Business Name)				
BUSINESS STREET ADDRESS (do not give P.O. Box)		CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (if different from above)		CITY	STATE	ZIP CODE
COUNTY NAME (if Virginia Address)		TELEPHONE NUMBER	FAX NUMBER (business)	
PRIMARY CONTACT PERSON NAME		TELEPHONE NUMBER	FAX NUMBER (contact)	
PRIMARY CONTACT PERSON TITLE		PRIMARY CONTACT PERSON EMAIL ADDRESS		

## 2. BUSINESS ENTITY INFORMATION

Virginia law requires DMV to determine if persons applying for operating authority are fit to provide the service. Va. Code §19.2-389(30) authorizes the release of criminal history information to DMV in order to evaluate certificate/license applicants. In addition, DMV will review your driving record. The information requested below must be provided for:

- The owner of the business if you are applying as a sole proprietor (individual),
- Each partner of the business if applying as a partnership, limited partnership (LP), or limited liability partnership (LLP),
- Each member and /or manager if applying as a limited liability company (LLC), or
- Each officer if applying as a corporation.

If any of the business officials listed below holds a driver's license issued by a state other than Virginia, you **must** enclose a current **CERTIFIED** copy of that person's driving record with this application regardless of whether the official holds a driver's license or identification card.

FULL LEGAL NAME	DRIVER LICENSE NUMBER	ISSUING STATE (certified copy required if not issued by VA)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

## 3. LICENSE / CERTIFICATE INFORMATION

Has any official of the business had any type of local, state, or federal certificate or license denied, suspended, or revoked?

NO  YES - list certificate / license type(s) and number(s) below.

Has your business had any type of local, state, or federal certificate or license denied, suspended, or revoked?

NO  YES - list certificate / license type(s) and number(s) below.

Have you as an individual, or the business name provided above, ever been convicted of a criminal violation or assessed a civil penalty for involvement in transportation that would require a DMV certificate, license, or permit?  NO  YES

Certificate / License Type	Certificate / License Number	Certificate / License was: (check if applicable)	Reason
		<input type="checkbox"/> DENIED <input type="checkbox"/> SUSPENDED/REVOKED	
		<input type="checkbox"/> DENIED <input type="checkbox"/> SUSPENDED/REVOKED	

Have you as a sole proprietor, or a partner, or the business name provided above, or any business official listed above, **ever been convicted or assessed a civil penalty for operating, offering, advertising, providing, procuring, furnishing or arranging to transport passengers for compensation without first obtaining a license, permit or certificate from DMV?**

NO  YES - provide additional detail below.

FULL LEGAL NAME	<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)
FULL LEGAL NAME	<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)

#### 4. CERTIFICATION

I certify that every TNC partner vehicle that will be authorized to operate on the TNC digital platform is covered by an insurance policy that meets the requirements under Title 46.2, Chapter 20, Article 15.

I certify that I will comply with all of the applicable provisions of the Code of Virginia, Title 46.2, and with all applicable requirements prescribed by the Virginia Department of Motor Vehicles. I affirm that all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied and that I am in compliance with the Worker's Compensation Act of Title 65.2 and with Business, Professional, and Occupational License Tax requirements. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make these certifications and affirmations under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I understand that any Virginia Operating Authority certificate or license issued to me can be suspended or revoked if any of the information in the application is found to be untrue or inaccurate.

APPLICANT OR AUTHORIZED REPRESENTATIVE NAME

APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE

APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (mm/dd/yyyy)



**AVOID DELAYS in processing your application, review instructions to ensure you have completed this application correctly.**

#### 5. PAYMENT METHODS (Select 1 or 2)

**1. Application Filing Fee: \$100,000.00**

Check one:

- Check - Made payable to DMV
- E-Check - Contact (804) 249-5130
- ACH Credit - Contact DMV's Cashier Office (804) 367-1884

**2. Driver Transcript Surcharge**

\$20.00 surcharge collected in addition to other applicable fees, at the time of payment for each driver transcript.

**DO NOT enclose payment with this form.**