



**STATE OF CONNECTICUT  
DEPARTMENT OF TRANSPORTATION  
BUREAU OF PUBLIC TRANSPORTATION  
2800 BERLIN TURNPIKE, P.O. BOX 317546  
NEWINGTON, CT 06131-7546**

Application for Motorbus Authority

APPLICATION NO. \_\_\_\_\_

**Please type or print.** The fee noted next to the type of application being completed must accompany this application. The fee must be cash, check or money order payable to “Treasurer, State of Connecticut”. Application fee is **non-refundable**. **DO NOT MAIL CASH**. Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. If additional space is needed for any item, attach on separate sheet of paper. The information should be submitted to the following address:

Connecticut Department of Transportation  
Regulatory and Compliance Unit  
2800 Berlin Turnpike  
Newington, CT 06131-7546

**(Please check which item you are filling this application out for)**

- A)\_\_\_ Application for Intrastate Charter Bus Authority (Permit for Intrastate Charter Bus) **(\$200.00)**
- B)\_\_\_ Application for Registration of Interstate Charter Bus Authority (Permit for the Registration of Interstate Charter Bus) **(\$200.00)**
- C)\_\_\_ Application for Registration of Federal Highway Interstate Fixed Route Bus Authority (Permit for the Registration of Interstate Fixed Route Bus) **(\$176.00)**
- D)\_\_\_ Application for the Transfer of Motorbus Authority **(\$176.00)**
- E)\_\_\_ Application for Intrastate Fixed Route Bus Authority (Fixed Route Bus Certificate) **(\$176.00)**

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**(Please complete the information below in its entirety.)**

**SECTION I.**

The following hereby makes application for authority to operate motor vehicles in charter bus transportation pursuant to and in accordance with the provisions of Connecticut General Statutes Section 13b-94a.

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**ONLY COMPLETE IF APPLYING FOR A TRANSFER\* (option D above)**

In accordance with and under the provisions of Connecticut General Statutes, Section 13b-80, the following hereby makes application for the approval of the transfer of MOTORBUS CERTIFICATE NO. \_\_\_\_\_ standing in the name of : \_\_\_\_\_

Transferor/Seller: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_

DOT Authority Number \_\_\_\_\_

2. TRADE NAME (if applicable) \_\_\_\_\_

3. MAILING ADDRESS \_\_\_\_\_

4. CITY/STATE/ZIP \_\_\_\_\_

5. PHYSICAL ADDRESS (if different) \_\_\_\_\_

**SECTION II.**

1. Is applicant/transferee a sole proprietor, a partnership, a corporation, or a limited liability company? \_\_\_\_\_. (If Corporation or limited liability company, please submit a copy of Articles of Incorporation or Articles of Organization together with this application.)

List the name(s) and residential address (es) of individual (s) seeking authority, including all partners (if partnership), principal officers (if corporation), members (if limited liability company), and stockholders.

NAME & TITLE	CONTACT INFORMATION

2. Is the applicant represented by an attorney?  Yes  No  
If yes, please list the name, address, and telephone number of attorney. \_\_\_\_\_

3. Federal Motor Carrier Number (FHWA) (if applicable) \_\_\_\_\_

4. Date of Issuance by FHWA (if applicable) \_\_\_\_\_  
(attach copy of motor carrier certificate)

**SECTION III.**

A. Detail the nature of the charter bus service the applicant proposes to offer within the state (Attach additional pages, if necessary). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Will the bus service be performed in connection with any other business?  Yes  No  
If yes, what kind of business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Has the applicant had any experience in the transportation of passengers for hire?  
 Yes  No  
If yes, what kind of business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Has the applicant had any motor vehicle accidents while operating a motor vehicle?  
 Yes  No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Has the applicant ever been convicted of any crime or offense other than, or in addition to, a motor vehicle violation in the past ten (10) years?  Yes  No If yes, state approximate dates and give details, including any resulting criminal process. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Criminal Conviction History Report is required for each individual listed in the application)**

F. 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? \_\_\_\_\_

If yes, list names and provide approximate dates and give details, including any resulting criminal process. \_\_\_\_\_

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G. Please fill out the attached balance sheet to indicate the current position of the applicant(s). The balance sheet must have been prepared within the last six months.

### **Section III. FINANCIAL CHECKLIST**

Please complete the following balance sheet by providing the requested information concerning start-up costs of the proposed business to indicate the current financial position of the applicant. The balance sheet must have been prepared within the last six months. If you have additional assets and liabilities, please list on a separate sheet of paper and include with application.

1. **REAL ESTATE** – If the business will own real estate, please provide the purchase price, amount of down payment, number and amount of mortgage payments.
2. **OFFICE SPACE** – If the business will rent or lease an office, please provide monthly cost.
3. **MOTOR VEHICLES** – If the applicant will own motor vehicles, please provide the purchase price, amount of down payment, number and amount of payments. If vehicles will be rented or leased, please provide the number and amount of payments. For used vehicles, provide printout from NADA or Kelly Blue Book for market value.
4. **EQUIPMENT** – If the business will require any specialized equipment please provide an explanation of the type and cost of the equipment and the proposed method of payment.
5. **INSURANCE** – Please provide the cost and coverage of liability and bodily injury insurance to operate the proposed vehicles. Also, the cost of workmen’s compensation and any other policies which may be required. Include and explanation of how you intend to pay for the insurance.
6. **PAYROLL** – Please provide the estimated monthly payroll of the employees of the business.
7. **PURCHASE PRICE** – If you are buying an existing business, please provide the purchase price and proposed method of financing.
8. **OTHER EXPENSES** – Please provide the type and cost of any additional start-up expenses of which you are aware, and an explanation of how you intend to pay for them.
9. **LOANS/NOTES PAYABLE** – Provide the amount of principal, interest rate, number and amount of payments of any loans or notes made to the business.
10. **CASH** – Provide an explanation of all cash funds available to the proposed business. Attach a copy of the bank book, checking account statement, certificate of deposit, bank reconciliation, etc., showing name and balance including dispersed funds.
11. **CASH ON HAND** – Attach a notarized affidavit explaining the source of any cash not held in a bank.
12. **OTHER FUNDS** – Attach relevant documents and notarized statement explaining the source of any other funds.
13. **OPERATING REVENUES** – Please provide an estimate of the monthly operating revenues expected from the proposed business during the first 6 months. Include a statement that will show the calculation of the revenues.
14. Provide an estimate of gas, property taxes, repairs and maintenance on the vehicles for a period.

**FISCAL ANALYSIS BALANCE SHEET**

Application No. \_\_\_\_\_

Balance Sheet Date (as of): \_\_\_\_\_

**ASSETS**

Cash	
Accounts Receivables	
Material & Supplies	
Motor Vehicles	
Real Estate	
Other Assets (describe below)	
<b>TOTAL ASSETS</b>	

**LIABILITIES & CAPITAL**

Accounts Payable	
Notes Payable	
Other Liabilities (describe below)	
<b>TOTAL LIABILITIES</b>	
Individual or Partner Capital Account	
Capital Stock	
Additional Paid-in Capital	
Retained Earnings	
<b>TOTAL CAPITAL</b>	
<b>TOTAL LIABILITIES AND CAPITAL</b>	

Please describe other assets and liabilities, if applicable \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION/ PERMIT NO. \_\_\_\_\_

**NOTICE OF SOCIAL SECURITY OF FEDERAL EMPLOYEE IDENTIFICATION**

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number 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: \_\_\_\_\_

INDIVIDUAL SOCIAL SECURITY NUMBER: \_\_\_\_\_

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

**TO BE EXECUTED BY SOLE PROPRIETOR, AUTHORIZED PARTNER,  
AUTHORIZED OFFICER OF CORPORATION, OR AUTHORIZED MEMBER OF  
LIMITED LIABILITY COMPANY**

I hereby certify that I have read and am familiar with Connecticut General Statutes Sections 13b-80 through 13b-94a and Public Utilities Commission of Connecticut Docket No. 8500 Motor Buses, Rules, Regulations, and Equipment Standards, February 7, 1952 .

State of Connecticut

County of \_\_\_\_\_

I (We), the undersigned:

APPLICANT

\_\_\_\_\_  
(Print – name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone)

Under oath, say that the foregoing application has been prepared by me, or under direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information, and belief under the penalties of perjury.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

\_\_\_\_\_  
Applicant's Signature

## APPLICATION CHECK SHEET

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**PLEASE ENCLOSE THE FOLLOWING TO ENSURE THAT YOUR APPLICATION IS COMPLETE. FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.**

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- MAKE SURE ALL NECESSARY SECTIONS OF THE APPLICATION ARE COMPLETED.
- APPLICATION FEE - \$200.00 or \$176.00 cash, check, or money order payable to "Treasurer, State of Connecticut".
- LATEST AVAILABLE FINANCIAL STATEMENT (DATED WITHIN ONE (1) MONTH OF THE DATE OF THE APPLICATION).
- CURRENT CONNECTICUT CRIMINAL CONVICTION HISTORY REPORT ON ALL PERSONS, SOLE PROPRIETOR AND/OR PARTNERS OF PARTNERSHIP