

**Metro Transportation Licensing Commission**  
***Passenger Vehicle For Hire Company Application***  
*For a*  
**Certificate of Public Convenience and Necessity**

The making of any false statement in this application may subject the offender to the penalty prescribed by the law. Detection of such false statements may result in the denial of certificate or, if previously granted, in revocation of the certificate.

The applicant must properly and legibly complete the following application and all questions must be answered and attested to by the applicant.

*I (we) hereby make application for a Certificate of Public Convenience and Necessity to conduct and operate a passenger vehicle for hire business in Metropolitan Nashville-Davidson County.*

1. Name of Proposed Company \_\_\_\_\_
2. Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Mailing address, if different) \_\_\_\_\_
3. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
4. E-Mail \_\_\_\_\_ Website www. \_\_\_\_\_
5. Classification of service to be provided (Livery, Shuttle, Special-Purpose):  
\_\_\_\_\_
6. Type of Company (solely-owned, partnership, or corporation/association) \_\_\_\_\_
7. List names and addresses of all applicants (If sole proprietor, list owner. If partnership, list partners, if corporation or association, list all officers, directors, and members). Provide proof of U.S. citizenship or legal residency and a completed background check form for each person listed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List Name(s) of executive officer(s) of the company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe the duties/responsibilities of each person listed in sections 7 and 8 as relates to this business, and the experience any of the applicants have with respect to passenger transportation services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 10. Attach evidence of required company certificate of liability insurance and vehicle insurance, listing the Metropolitan Government as an additional insured.
- 11. Has any owner, partner, officer, director, or member of the company violated any portion of Chapter 6.74 of the Metropolitan Code within five years immediately preceding the date of this application?  
 NO \_\_\_\_\_ YES \_\_\_\_\_  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_
- 12. Attach a list of all drivers including name, driver's license number and date of birth.
- 13. Attach a list of all vehicles including make, model, year, color, VIN and license plate number.
- 14. Number of vehicle permits being requested \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear (or affirm) that the information filed as a part of this application is true and correct to the best of my knowledge and belief. I understand that pursuant to the Metropolitan Code of Laws 6.74.030, the Metropolitan Transportation Licensing Commission is authorized to complete a criminal background check of each applicant. If this Certificate is granted, **ALL** drivers and vehicles meet the appropriate sections of 6.74 of the Metropolitan Code of Law as well as any pertinent rules promulgated by the MTLC. Further, I certify that all insurance coverage as required in 6.74 of the metropolitan Code of Law is in place and will remain in place during the time this company is in operations within Metropolitan Nashville-Davidson County..

\_\_\_\_\_  
 Signature of Applicant

**A non-refundable application fee of \$ \_\_\_\_\_ must accompany this application at the time of filing**

**County of Davidson  
 State of Tennessee**

Sworn to me and subscribed  
 Before me, this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 My Commission expires \_\_\_\_\_

**Metropolitan Transportation Licensing Commission  
 939 Dr. Richard G. Adams Dr.  
 Nashville, TN 37207-4737**

**Date received:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Fee:** \_\_\_\_\_