

Metropolitan Transportation Licensing Commission

SUMD System Operator Application

For a

Certificate of Public Necessity and Convenience

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.

All SUMD System Operators must comply with the standards describe in the Metropolitan Code of Law (MCL) section 12.62.030.

I (we) hereby make application for a Certificate of Public Convenience and Necessity to conduct and operate a Shared Urban Mobility Device (SUMD) business in Metropolitan Nashville-Davidson County.

1. Name of Proposed Company _____
2. Address _____
(Mailing address, if different) _____
3. Telephone _____ Fax _____
4. E-Mail _____ Website: _____
5. Company 24hr Customer Service Telephone _____
6. Attach Nashville-Based Manager 24/7 Contact information pursuant to MCL 12.62.050 (4)
7. Describe the size of fleet at launch including any planned fleet expansion during pilot period
8. Attach any images and descriptions of SUMDs and mobile applications
9. Describe the service area at launch including any planned expansion during the pilot period
10. Attach the plan for educating users on proper SUMD operation and parking
11. Attach the plan for providing equitable SUMD service
12. Attach a Certificate of Insurance pursuant to MCL 12.62.030 (D)

Proof of Insurance coverage submitted with the application must show
The Metropolitan Government of Nashville and Davidson County listed as an additional named insured.
13. Attach plan for complying with MCL 12.62.060 and its requirements
14. Pursuant to MCL 12.62.060 your company is required to provide access to data via use of an API supplied by your company. Please provide the contact information below of who will provide the API and coordinate the access to your systems. This contact will receive an email with the technical specifications for delivering this information and will have ten (10) business days to comply.
15. Technical Contact Name _____
16. Address _____
(Mailing address, if different) _____
17. Telephone _____
18. E-Mail _____

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. Further, I certify that all insurance coverage as required in 12.62 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 and all applicable local, state and federal laws and rules will be followed and the operator will remain in compliance at all times

Signature of Applicant

_____ (“Applicant”) for itself and its agents, customers, and assigns, waives, releases, indemnifies and holds harmless The Metropolitan Government of Nashville and Davidson County (“Metro”) and its agents, employees, and assigns from all claims, rights, or demands for damages, including, without limitation, reasonable attorney fees, that may arise from Applicant’s operation of an SUMD system within Davidson County, Tennessee. Applicant further agrees that no customer will be permitted to use Applicant’s SUMDs without first executing a customer agreement that includes a provision releasing and waiving all claims against Metro arising from the customer’s use of Applicant’s SUMDs.

Signature of Authorized Representative of Operator/Applicant

By: _____

Its: _____

Date: _____

**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**

- ✓ **A non-refundable application fee of \$ 500 and a \$35 per SUMD vehicle fee must accompany this application at the time of filing**
- ✓ **Attach Performance Bond pursuant to 12.62.050 (D)**
- ✓ **Attach five (5) logins for oversight access**

Date received: _____ **By:** _____ **Fee:** _____