



**PROCEDURES FOR APPLYING FOR
ST. LUCIE COUNTY
CLASS "A" CERTIFICATE OF TRANSPORTATION
(Owner and Driver of Entity)**

- ___ 1. Application fee of \$100.00 made payable to ST. LUCIE COUNTY
- ___ 2. Fee of \$24.00 made payable to FLORIDA DEPARTMENT OF LAW ENFORCEMENT
- ___ 3. A complete set of fingerprints of the applicant. In the case of a Partnership, Association or Corporation, this information needs to be provided from all Partners, Associates, Corporate Officers, Management Personnel and Directors

Fingerprints are taken at:

**St. Lucie County Sheriff's Department
Identification Bureau
4700 W. Midway Road
Fort Pierce, FL**

- ___ 4. Two (2) current full-face view passport type photographs of the applicant. In the case of a Partnership, Association or Corporation, this information needs to be provided from all Partners, Associates, Corporate Officers, Management Personnel and Directors
- ___ 5. A copy of a valid State of Florida Driver's License of the appropriate classification for the vehicle driven.
- ___ 6. Driver's License check by Nancy Smith, Clerk/Traffic.
- ___ 7. Vehicle Registration for all vehicles.
- ___ 8. An original Certificate of Insurance containing:
 - a. Type of coverage
 - b. Amount of coverage
 - c. Radius of coverage
 - d. Policy number
 - e. Effective date
 - f. Expiration date
 - g. Agent's signature

- h. Cancellation statement completed
- i. Certificate Holder should read:

St. Lucie County Contractor Certification
2300 Virginia Avenue
Fort Pierce, Florida 34982

Please make sure that the Business Name, Workers' Compensation/Liability "Insured" name and the State License name (if applicable) all match **EXACTLY**.

- ___ 9. Affidavit from Florida Department of State, Division of Corporations, that applicant has complied with the State Fictitious Name Law.
- ___ 10. A completed application for each driver applying for a Certificate of Transportation Class 'A'
- ___ 11. After receiving the St. Lucie County Motor Carrier License, a St. Lucie County Occupational License must be obtained from the St. Lucie County Tax Collector, if applicable.

Please contact the Contractor Certification Division of St. Lucie County at 772-462-1672 or 772-462-1673 if you have any questions.

The applicant is required to meet all of the requirements of Section 1-13.3-20 Standards of review. These standards are to be met by both Class 'A' and Class 'B' Certificates of Transportation Application.

- 1. Applicant must be at least eighteen (18) years of age on the date of application.
- 2. Applicant must hold a valid State of Florida Driver's License of the appropriate classification for the vehicle being driven.
- 3. Applicant cannot have a conviction or plea of nolo contendere, within the preceding five (5) years to any of the following:
 - a. Any crime involving the sale or possession of controlled substances as defined in Section 893.02, Florida Statutes (1993).
 - b. Any crime defined by Chapter 796, Florida Statutes (1993) related to prostitution.
 - c. Any offense relating to driving under the influence of controlled substances or alcohol as set forth in Section 316.193, Florida Statutes (1993).
- 4. Applicant cannot have a conviction, or pleas of nolo contendere, or any criminal offense or felony involving the use of deadly weapons, unless the civil rights of the applicant or Certificate Holder have been restored.

5. Applicant cannot have a revocation or suspension within the preceding three (3) years of a State of Florida Driver's, Chauffeur's or Commercial Driver's License.
6. Applicant cannot have more than two (2) traffic infractions resulting in accidents in the preceding three (3) years.
7. Applicant cannot have more than four (4) convictions of moving traffic violations in the preceding eight (8) years.
8. Applicant must meet the insurance requirements set forth in Section 1-13.3-21 if required.

Taxicab: Not less than twenty-five thousand dollars (\$25,000.00) per person and fifty thousand dollars (\$50,000.00) per incident as to public liability, and property damage coverage in an amount not less than twenty-five thousand dollars (\$25,000.00).

Limousine: Not less than fifty thousand dollars (\$50,000.00) per person and one hundred thousand dollars (\$100,000.00) per incident as to public liability, and property damage coverage in an amount not less than fifty thousand dollars (\$50,000.00).

Van: Not less than one hundred thousand (\$100,000.00) per person and three hundred thousand dollars (\$300,000.00) per incident as to public liability, and property damage coverage in an amount not less than one hundred thousand (\$100,000.00).

FAILURE TO COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL RESULT IN THE DENIAL OF A CERTIFICATE, REVOCATION OR SUSPENSION OF A CERTIFICATE, A DENIAL OF A RENEWAL OF A CERTIFICATE, OR OTHER SUCH REMEDIES AVAILABLE TO THE COUNTY.

App. Fee: _____

Date: _____

Certificate #: _____

DO NOT WRITE ABOVE THIS LINE

**APPLICATION FOR
ST. LUCIE COUNTY
CERTIFICATE OF TRANSPORTATION CLASS 'A'
(Owner and Driver of Entity)**

Individual Applicants:

Please answer all questions for:

- Yourself and
- All Management Personnel

Partnership/Association Applicants:

Please answer all questions for:

- Yourself and
- All Partners/Associates and
- All Management Personnel

Corporation Applicants:

Please answer all questions for:

- Yourself and
- All Corporate Officers
- All Directors and
- All Management Personnel

Name:

Address:

Date of Birth:

Social Security #

Name of Corporation
(if applicable):

E-mail Address:

Citizen of United States:

Yes () No ()

State of Incorporation:

Address of Corporate
Headquarters in Florida:

Business Phone:

List of all previous addresses for five (5) years preceding the date of this application:

Provide a description of the type of transportation service which the applicant desires to furnish, including whether taxicab, limousine or other.

Provide a brief description of the number, types of vehicles to be used, seating capacity of the

vehicles, a statement indicating whether each vehicle is accessible for persons with disabilities, a description of the accessibility feature(s) of each vehicle, and the State of Florida Motor Vehicle License Number of each vehicle.

Quantity	Type of Vehicle	Seating Capacity	Disability Accessible?	Description of Disability Accessibility Feature(s)	Vehicle License Number

Trade name under which the motor carrier service will be operated:

Have you paid all current annual State of Florida License Tax on motor vehicles for hire for all motor vehicles to be used by the applicant?

YES

NO

Have the appropriate License Tax been affixed to each such vehicle?

YES

NO

Do you have evidence of insurance as required in section 1-13.3-21?

Taxicab:	Not less than twenty-five thousand dollars (\$25,000.00) per person and fifty thousand dollars (\$50,000.00) per incident as to public liability, and property damage coverage in an amount not less than twenty-five thousand dollars (\$25,000.00).
Limousine:	Not less than fifty thousand dollars (\$50,000.00) per person and one hundred thousand dollars (\$100,000.00) per incident as to public liability, and property damage coverage in an amount not less than fifty thousand dollars (\$50,000.00).
Van:	Not less than one hundred thousand (\$100,000.00) per person and three hundred thousand dollars (\$300,000.00) per incident as to public liability, and property damage coverage in an amount not less than one hundred thousand (\$100,000.00).

YES

NO

Fingerprints can be taken at:

**St. Lucie County Sheriff's Department
Identification Bureau
4700 W. Midway Road
Fort Pierce, FL**

List all vehicular and pedestrian accidents involving property damage and/or personal injury that the applicant has been directly involved in, which have occurred within five (5) years of the date of this application, including an identification of all final judgments and/or criminal findings, along with any other pertinent information.

List all crimes (including traffic) of which the applicant has been convicted within five (5) years preceding the date of the application. Partnerships, Association or Corporate Applicants need to provide this information for all Partners, Corporate Officers and Directors.

List all motor carrier certificates, permits or authorizations granted or denied (indicate which) to the applicant by a governmental entity within the preceding three (3) years. Partnerships, Association or Corporate Applicants need to provide this information for all Partners, Corporate Officers and Directors.

List all failures by applicant to perform on a motor carrier contract, franchise or license within six (6) years preceding date of application. Partnerships, Association or Corporate Applicants need to provide this information for all Partners, Corporate Officers and Directors.

Geographic area to be served from applicant's base of operations:

50 Mile Radius: _____

250 Mile Radius: _____

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Signature of Notary