



STATE OF RHODE ISLAND

DIVISION OF PUBLIC UTILITIES AND CARRIERS

Motor Carriers Section

89 Jefferson Blvd.

Warwick, R.I. 02888

(401) 941-4500

FAX (401) 941-9161

****IMPORTANT NOTICE****

All applications must be accompanied by a photocopy of the driver's license for all principals in the application. That includes all individual applicants and all principals in applicant corporations, Limited Liability Companies (LLC) and Limited Liability Partnerships (LLP).

Please be advised that incomplete applications (including those without all required photocopies of driver's licenses) will be returned to the applicant unprocessed.

**STATE OF RHODE ISLAND
DIVISION OF PUBLIC UTILITIES AND CARRIERS
MOTOR CARRIERS DIVISION**

89 JEFFERSON BOULEVARD
WARWICK, RHODE ISLAND 02888
Tele: 941-4500
Fax: 941-9161
www.ripuc.ri.gov

Any Applicant seeking authority to operate within Rhode Island as **Non-Emergency Medical Transportation** service provider must file an application with the Motor Carriers Section of the Division. Applicants seeking authority to operate must submit \$125.00 at the time of filing (check or money orders only; no cash accepted).

Upon receipt of a complete application, the Clerk of the Motor Carriers Division will schedule a public hearing. The Applicant will receive direct notice, by first-class mail, of the hearing date. In addition, the time and date of the scheduled hearing will be published at least ten (10) days before the scheduled hearing on the agency's website.

Hearings will only be continued for good cause and with the approval of the Hearing Officer.

An applicant wishing to withdraw an application must do so, in writing, at least seven (7) days prior to the scheduled hearing, by sending such request to the Clerk of the Motor Carriers Division.

For an application to be approved, the Applicant must prove, at the hearing, that it is fit, willing and able to perform the services for which it is seeking operating authority.

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If your application for operating authority is approved:

An Order will be issued by the Division directing the Applicant to comply with several terms and conditions before a certificate is issued.

Generally, the Order will give the Applicant one hundred and eighty (180) days to fulfill these terms and conditions.

At the minimum, they are:

- 1) Register vehicle(s) with the Motor Carriers Division of the DPUC (no charge)
- 2) File proof of insurance with the Motor Carriers Division of the DPUC (no charge)

The Hearing Officer may impose additional requirements which will be set forth in the individual Order relating to your Application.

REQUEST FOR AUTHORITY TO OPERATE
NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES

APPLICATION # _____ DOCKET # _____

CHECK/MONEY ORDER # _____ ISSUING BANK _____

***** (above is for office use only) *****

Non-Emergency Medical Transportation service companies are governed by R.I. Gen. Laws Chapter 39-14.3. The Applicant must prove that it is **fit, willing and able** to perform such services.

1. APPLICATION OF: _____
(Name of individual, partnership, corporation or business)

Business address: _____

Mailing address: _____

Telephone number: _____ Federal ID Number: _____

Email address: _____

Names and addresses of all partners, officers and directors:

2. Is the applicant a licensed health care facility, assisted living residence, or an adult day care program, licensed by the Rhode Island Department of Health, pursuant to RIGL 23-17-1, et seq., RIGL 23-17.4-1, et seq., and RIGL 23-1-52, respectively? Yes ___ No ___. If yes, DOH License No. _____.

If yes to Question 2, please refer only to the Director of the applicant facility when completing the remainder of the application (without reference to other partners, officers or board members.)

3. Provide the date and place of birth of the applicant(s), partners, officers and/or Directors:

4. If the applicant(s), partners, officers or directors has/have experienced a change of name, resulting from marriage, legal name change, etc., state the details of the name change:

5. Have the applicant(s), partners, officers and/or directors ever been charged with or convicted of any criminal offense, either state or federal? If yes, explain.

6. Have the applicant(s), partners, officers and/or directors been charged with a traffic violation within the last six (6) years?

7. Describe the motor vehicle(s) to be operated by the applicant(s) in this business. *(Note: the Executive Office of Health and Human Services shall determine if the listed vehicle are suitable for NEMT service) :*

8. Describe any experience the applicant possesses in the industry:

9. Is the applicant(s), partners, officers, and/or directors a licensed health care facility, assisted living residence, or adult day care program, licensed by the Rhode Island Department of Health, pursuant to RIGL23-17-1, *et seq.*, RIGL23-17.4-1, *et seq.*, and RIGL23-1-52? If yes, please provide name and DOB of agency director.

GENERAL FITNESS QUESTIONS:

Are you (applicant[s]) a legal citizen of the United States? _____. If not, please attach documentation of appropriate immigration status.

Have the applicant(s), partners, officers and/or directors ever previously applied for a common carrier certificate from the DPUC? _____. If yes, what type of certificate was requested and what was the outcome of the application request?

FINANCIAL FITNESS QUESTIONS – Answers must be accurate as of the date of filing. (You may choose to attach a financial statement in addition to answering these questions.)

Assets:

9. Cash on hand: _____

10. Total value of motor vehicle(s) to be operated in this business: _____

11. Total value of other property (buildings, etc.): _____

12. Total value of investments, etc.: _____

13. Total of accounts receivable: _____

Liabilities:

14. Total of outstanding business loans: _____

15. Total of any other debts or liabilities: _____

OATH

I (We) _____

being duly sworn, state that I am (We are) qualified and authorized to file and verify this application, that I (We) have carefully examined all the statements and answers contained in the application and that all such statements and answers set forth herein are true and correct to the best of my (our) knowledge and belief.

Signature of Applicant(s) before Notary Public

Subscribed and Sworn to before me at _____, in the state of _____, this _____ day of _____, 20____.

Printed name of Notary Public

Signature of Notary Public

My commission expires: _____

RELEASE AND WAIVER FORM

Print or type **name**, **date of birth** and **place of birth** of applicant (if an individual), or all office holders (if applicant is a corporation, partnership, etc.)

I (we) are seeking certification as a common carrier in Rhode Island. I (we) hereby direct and authorize the Division of Criminal Identification of the Attorney General's Office for the State of Rhode Island to make available to the Division of Public Utilities and Carriers any information on file in reference to me (us.)

I (we) hereby release the Division of Public Utilities and Carriers, the State of Rhode Island, and the Division of Criminal Identification of the Attorney General's Office for the State of Rhode Island, collectively and individually, from all legal responsibility or liability that may arise from the release of such criminal records, and I (we) hereby waive all rights of action in both law and equity which I may not have or later acquire as the result of the release of such criminal records.

Signature of Applicant(s) before Notary Public

Subscribed and Sworn to before me at _____, in the state of _____, this _____ day of _____, 20____.

Printed name of Notary Public

Signature of Notary Public

My commission expires: _____

Social Security Disclosure/Release Form

Provide the Social Security Number of the applicant(s), partners, officers and/or directors:

SOCIAL SECURITY NUMBER PRIVACY DISCLOSURE STATEMENT

Providing your Social Security Number to the Division is not mandatory. You may legally refuse to comply with this request. Whether you agree to disclose your Social Security Number is entirely a voluntary decision.

The Division is charged with the responsibility of determining whether you are "fit" before it is able to grant you the authority being requested through the instant application. The basis of this requirement is contained in the following Sections of the Rhode Island General Laws: §39-1-1, §39-1-15, §39-1-38, §39-3-2, §39-12-4, §39-12-5, §39-12-7, §39-12-32, §39-13-2, §39-14-2, §39-14-4.1, § 39-14-12, §39-14-14, §39-14-20, §39-14.1-3 and §39-14.1-8.

The Division has requested that you provide it with your Social Security Number so that it may better evaluate your "fitness" with regard to the regulatory authority you seek. The "fitness" evaluation includes a criminal background and a legal residency investigation. The Division may also employ other means to conduct the fitness evaluation. Providing your Social Security Number to the Division will help expedite the evaluation process.

Your Social Security Number will also be used as a unique internal identifying number.

SOCIAL SECURITY NUMBERS WILL NOT BE OPEN FOR PUBLIC INSPECTION.

***THIS SHEET TO BE DETACHED BY DIVISION PERSONNEL AND MAINTAINED AS CONFIDENTIAL DOCUMENT**