

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF PUBLIC UTILITIES AND CARRIERS
89 Jefferson Boulevard
Warwick, Rhode Island 02888**

LEASING DISCLOSURE STATEMENT

1. Parties to Lease:

Certificate Holder Name & Address: (Lessor)

Certificate Number _____

Name & Address of person leasing vehicle (Lessee)

Hackney Number _____

Expiration Date _____

Has the Lessee ever been charged and convicted with any criminal offense, either state or federal; or been charged with a traffic violation within the last six (6) years?

YES () NO ()

If the answer to the above question is YES, the dates and details of each incident shall be furnished, including any resulting police, court or criminal dispositions.

2. TERMS OF LEASE:

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

Conditions of Lease (Attach separate page if necessary). Compensation must be directly associated with passenger revenue and/or mileage (metered fares and/or odometer readings). "Shift fees" (weekly or daily) or similar arrangements not directly tied to fares/miles driven are not allowed.

Conditions :

Will the Lessee be paying a security deposit as a condition of this lease?

YES () NO ()

In the event a security deposit is required, please supply the following:

A. Name and address of bank or credit union where deposit is made:

Account Number:

3. Vehicle

Vehicle Plate (Registration) No. _____

Vehicle V.I.N. Number _____

Current Odometer Reading _____

Name and policy number of insurance carrier providing statutory liability coverage? _____

Who will be responsible for the payment of insurance premiums?

Certificate Holder () Lessee ()

Who will be responsible for vehicle maintenance and related expenses?

Certificate Holder () Lessee ()

Has the vehicle to be leased been operating and actively and continuously engaged in the conduct of business on a daily basis for twelve (12) months prior to the filing date of this leasing disclosure statement? YES () NO ()

IF NO, EXPLAIN DETAILS _____

ADDITIONAL TERMS OF THE LEASE:

- a. This lease applies exclusively to the vehicle identified herein.
- b. Under this lease agreement, the certificate holder shall remain bound by all Division rules in the same manner as if the certificate holder was still operating the cab being leased.
- c. Please be advised that the certificate holder shall be responsible for recording all revenues generated by the Lessee through the use and operation of the vehicle Identified in this lease. These revenues shall, in turn, be included in the certificate holder's gross revenues amount reported to the Division annually as reflected in the certificate holder's annual report. These amounts will then be utilized for calculating the certificate holder's regulatory assessment pursuant to R.I.G.L. §39-1-23 Accordingly, the Lessee, as a condition of approval of the instant lease, shall hereby agree to report all earnings generated through the use of the leased vehicle to the certificate holder upon demand.

SIGNATURES:

CERTIFICATE HOLDER (LESSOR)

DATE

LESSEE

DATE

Subscribed and sworn to before me at _____

In and for the State of Rhode Island this _____ day of _____ 2009.

Notary Public

My Commission expires:

ID# _____

OFFICE USE ONLY:

DATE: _____

APPROVE: _____

DISAPPROVE: _____

Revised 5-1-2009