



**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

Please request a certified search for Criminal History from FLORIDA DEPARTMENT OF LAW ENFORCEMENT using (**ORI# FL756060Z**) from Sherriff's Department to submit to Contractor Licensing Department. A fee of \$24.00 is associated with this request.
- ___ 2. Licensing Department. A fee of \$24.00 is associated with this request.
- ___ 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 772-462-7300
Tuesday-Friday 8 AM to 12 PM and 2 PM to 4 PM by Appointment**
- ___ 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. (Clerk of the Court - 772-871-7200) **201 S. Indian River Dr., Fort Piece, FL 34950**
- ___ 7. Vehicle Registration for all vehicles.
- ___ 8. An original Certificate of Insurance containing:

a.	Type of coverage	e.	Effective date
b.	Amount of coverage	f.	Expiration date
c.	Radius of coverage	g.	Agent's signature
d.	Policy number	h.	Cancellation statement completed

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

* Certificate Holder Should read:

**St. Lucie County Contractor Certification
2300 Virginia Avenue
Fort Pierce, Florida 34982
Tel No. 772-462-1571 or 772-462-1672**

- ___ 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.

The applicant is required to meet all 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 Florida Statute 324.032 (1)(a)

Taxicabs, Limousines, and Vans: A person who is either the owner or a lessee and who operates one or more taxicabs, limousines, or any other for-hire passenger transportation vehicles may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy, but with minimum limits of \$125,000/250,000/50,000.

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
3200 Virginia Avenue
Fort Pierce FL 34982-5652
Tel No. 772-462-1571 or 772-462-1672
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 of Corporation
(If applicable):

Address of Corporate
Headquarters in Florida:

State of Incorporation:

Business Phone:

Email Address:

Name of Owner:

Address of Owner:

Home Phone:

Citizen of United States

Yes() No()

Date of Birth

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

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
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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 Tag been affixed to each such vehicle?

___ YES

___ NO

Do you have evidence of insurance as set forth in Florida Statute 324.032 (1)(a)

Taxicabs, Limousines, and Vans.	A person who is either the owner or a lessee and who operates one or more taxicabs, limousines, or any other for-hire passenger transportation vehicles may prove financial responsibility by furnishing satisfactory evidence of holding a motor vehicle liability policy, but with minimum limits of \$125,000/250,000/50,000.
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___ YES

___ NO

Fingerprints can be taken at:

**St. Lucie County Sheriff's Department
Identification Bureau
4700 W. Midway Road
Fort Pierce, FL
Provide them with our (ORI # FL756060Z)**

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

50 Mile Radius: _____

200 Mile Radius: _____

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 any failures perform by the applicant 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.

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