

**MISSISSIPPI INSURANCE DEPARTMENT** 

P.O. BOX 79, JACKSON, MS 39205 MIKE CHANEY, Commissioner of Insurance MARK HAIRE, Deputy Commissioner of Insurance

**DEPARTMENT USE ONLY** 

## TRANSPORTATION NETWORK COMPANY ENTITY **LICENSE APPLICATION**

## Check appropriate box for license requested.

Privilege Tax: \$5,000.00

- □ Resident License
- Non-Resident License: Identify Home State: \_\_\_\_\_ Identify Home State License #:\_\_\_\_\_

Demographic Information								
Business Entity Name			Incorporation/Formation Date FEIN					
			(month)(d			—		
			poration/Formation Date State where Incorporated					
(month)(day)(year)								
Are you authorized to bind the corporation by your signature? Yes No								
Corporate title of person completing application:								
Business Address	City		State	Zip Code	Foreign Country			
Phone Number (include extension)	ude Fax Number Busin		ness Website Address		Business E-Mail Address			
( ) -	( ) -							
Mailing Address	P.O. Box	City		State	Zip Code	Foreign Country		
Name and Address for Regist	ered Agent for Service o	of Process	s in the State of N	Aississij	ppı			
Check one: Individual owner or	Sole Proprietor – list nan	ne and a	ldress					
Partnership – list nar	nes and address of all pe mes and addresses of two	ersons hav	ving an interest in	n the bu	siness			
	mpany – list names and			embers				
						09/2016		

Background Information					
Please read the following very carefully and answer every statement. Any "No" answers must be explained in writing and documents attached to this application.					
1. If a fare is charged, the TNC discloses to riders the fare or fare calculation method on its website or within the online-enabled technology application service. The TNC provides riders with the applicable rates being charged and provides riders the option to receive an estimated fare before the rider enters the TNC driver's vehicle.	Yes No				
2. The TNC's online-enabled technology application service or website provides the potential rider a picture of the TNC driver, and the license plate number of the motor vehicle utilized for providing the TNC Service before the rider enters the TNC driver's vehicle.	Yes No				
3. Within a reasonable period of time following the completion of a trip, the TNC transmits an electronic receipt to the rider on behalf of the TNC driver that lists (a) the origin and destination of the trip; (b) the total time and distance of the trip; and (c) an itemization of the total fare paid, if any.	Yes No				
4. The TNC complies with the automobile insurance requirements of HB 1381, Section 8.	Yes <u>No</u>				
5. Prior to allowing an individual to accept prearranged ride requests through the TNC's digital network as a TNC Driver, the TNC adheres to the requirements of HB 1381, Sections 9 and 13.	Yes No				
6. The TNC has a zero-tolerance policy as described in HB 1381, Section 12.	Yes No				
7. The TNC has a policy prohibiting solicitation or acceptance of cash payments for the fares charged to riders for prearranged rides, and all company drivers are notified not to solicit or accept cash payments from riders.	Yes No				
8. The TNC notifies all company drivers that they may not solicit or accept street hails.	Yes No				
9. The TNC has a nondiscrimination policy as described in HB 1381, Section 16.	Yes No				
10. The TNC maintains records as required by HB 1381, Section 17.	Yes No				
Applicant's Certification and Attestation					

On behalf of the business entity or company (the applicant), the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
- 2. By executing the application, the undersigned confirms that it is familiar with the provisions of Mississippi *House Bill 1381, 2016 Regular Legislative Session,* and hereby verifies that applicant is in compliance with the requirements set forth therein.

Month/Day/Year

Applicant Signature ( or Applicant's Authorized Representative)

Typed or Printed Applicant's Name

Title