



MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205

MIKE CHANEY, Commissioner of Insurance

DAVID BROWNING, 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 (month) ____ (day) ____ (year) ____		FEIN _____	
Name of Corporation, if other than applicant name		Incorporation/Formation Date (month) ____ (day) ____ (year) ____		State where Incorporated _____	
Are you authorized to bind the corporation by your signature? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Corporate title of person completing application: _____					
Business Address		City	State	Zip Code	Foreign Country
Phone Number (include extension) () -	Fax Number () -	Business Website Address		Business E-Mail Address	
Mailing Address	P.O. Box	City	State	Zip Code	Foreign Country
Name and Address for Registered Agent for Service of Process in the State of Mississippi _____ _____ _____ _____					
Check one: <input type="checkbox"/> Individual owner or Sole Proprietor – list name and address <input type="checkbox"/> Partnership – list names and address of all persons having an interest in the business <input type="checkbox"/> Corporation – list names and addresses of two principal officers <input type="checkbox"/> Limited Liability Company – list names and addresses of managing members _____ _____ _____ _____					

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.

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| 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 ___ No___ |
| 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