



# PRIVATE CARRIER OF PASSENGERS CERTIFICATE APPLICATION INSTRUCTIONS

Effective July 1, 2018.

All Private Carrier of Passengers (PCP) certificate applicants must complete this application, in its entirety, pay the required fees, provide required information regarding enrollment in mandated programs, provide and maintain liability insurance at the required level.

Make a copy for your records then mail the signed, completed application to the address provided in **SECTION 9. Required information must be provided or your application will be returned.**

If you need forms, have questions, or need assistance completing this application, information is available at <http://www.dmv.ca.gov> or call (916) 657-8153.

---

**EXEMPTED TRANSPORTATION ACTIVITY** – You are not required to obtain a PCP certificate with the department or file a notice of exemption for the follow activity:

- A. Rental businesses using vehicles owned or leased, without charge pursuant to *California Vehicle Code (CVC) §34681(b)(1)*.
- B. Operator of a hotel, motel, or other temporary lodging facility providing transportation services without charge pursuant to CVC §34681(b)(2).
- C. Places of entertainment or commercial attraction including but not limited to facilities providing snow skiing pursuant to CVC §34681(b)(2).
- D. State of California government agencies and political subdivisions pursuant to CVC §34686.

---

## CARRIER IDENTIFICATION NUMBER (CA #):

The CA # is issued by the California Highway Patrol (CHP) and used as the PCP identification number. Contact the CHP Motor Carrier Safety Unit in your area for assistance.

## SECTION 1 – TYPE OF APPLICATION: *check only one box*

- A. **ORIGINAL (\$35)** – You are applying for your first Annual PCP certificate.
- B. **REINSTATEMENT (\$125)** – You are reinstating your PCP after a Suspension or Revocation. No fee for Voluntary Withdrawals.
- C. **RENEWAL (\$30)** – You are renewing your PCP certificate.

## SECTION 2 – LEGAL NAME/BUSINESS ENTITY: *check only one box and enter the required information*

- A. **INDIVIDUAL** – An individual operating as a sole proprietor must provide:
  - Full legal name (use the same name as shown on your driver license), your driver license number, and the state of issuance.
  - Social Security Number.
- B. **CORPORATION** – A corporation registered with the Secretary of State, a Non-Profit organization, a Trust, an Indian Tribe, must provide:
  - Name of Corporation, Non-Profit organization, Trust, or Indian Tribe.
  - Federal Employer Identification Number (FEIN) or if exempted by the Internal Revenue Service (IRS), enter “EXEMPT.”\*
  - Corporation number issued by the Secretary of State, state of issuance, and date of incorporation.
  - Name and title of the principal officer and all other officers of the corporation. Attach a separate sheet if necessary.

---

**NOTE:** Government agencies and political subdivisions are exempt pursuant to CVC §34686.

- C. **LIMITED LIABILITY COMPANY (LLC)** – An LLC registered with the Secretary of State must provide:
  - Name of the LLC.
  - FEIN or if exempted by the IRS, enter “EXEMPT.”\*
  - Name of the managing member and all members.
- D. **PARTNERSHIP** – A legally organized partnership must provide:
  - Name of the Partnership.
  - FEIN or if exempted by the IRS, enter “EXEMPT.”\*
  - Name of the general or managing partner and all partners. Attach a separate sheet if necessary.

---

**\*NOTE:** If you are exempt from obtaining a FEIN, submit copies of supporting documentation issued by the IRS.

**TELEPHONE NUMBER: *required information*** – Provide the business telephone number or the application will be returned.  
**AUTHORIZED REPRESENTATIVE: *Required if an Authorized Representative signs the application*** – Enter the name of the person who is authorized to act as your representative for PCP issues.

**SECTION 3 – DOING BUSINESS AS (DBA)/TRADE NAMES/FICTITIOUS BUSINESS NAMES:**

You are **required** to provide all DBAs, Trade Names, or Fictitious Business Names used in your private carrier of passengers operation. Submit a copy of your current Fictitious Business Name Statement filing, if applicable.

Do not include DBA names unless they are adopted in compliance with the *Business and Professions Code*, commencing with §17900. Contact your local County Recorder's office for assistance.

**SECTION 4 – PRINCIPAL PLACE OF BUSINESS: *required information***

**A. Business Address** – Provide your business address. If you have more than one location, provide the primary office address. Do not enter a Post Office (PO) Box or a private mailbox (PMB) address.

**B. Mailing Address (If Different)** – Enter the mailing address if it is different from your business address.

**SECTION 5 – TYPE OF TRANSPORTATION SERVICES: *required information - check all that apply***

**A. Youth Camps** – Indicate whether you are an organized camp pursuant to Health and Safety Code §18897 or a non-profit entity pursuant to the IRS Code §501(c)(3).

**B. Private/Other** – Indicate whether you are a private carrier pursuant to CVC §34681.

**NOTE:** Your selection will determine the minimum liability coverage that must be provided in accordance with CVC §34692. The information will be reviewed and you will be notified in writing if it is determined additional information is required.

**SECTION 6 – EMPLOYER PULL NOTICE PROGRAM (EPN): *check only one box***

If vehicles used in your private carrier of passengers operation require the driver to hold a Commercial Driver License (class A, class B, or class C with a special certificate or endorsement), you must enroll in the EPN Program pursuant to CVC §1808.1. If you require forms or have any questions regarding the EPN Program, you may visit

[https://www.dmv.ca.gov/portal/dmv/?1dmy&urile=wcm:path:/dmv\\_content\\_en/dmv/vehindustry/epn/epngeninfo](https://www.dmv.ca.gov/portal/dmv/?1dmy&urile=wcm:path:/dmv_content_en/dmv/vehindustry/epn/epngeninfo) or call (916) 657-6346 for assistance.

Select one of the following:

**A. EPN Number Required** – Select this box and enter your EPN requester code when:

- Your business entity is a **Corporation, LLC, Partnership, or Individual**; one or more commercial vehicles in your private carrier of passengers fleet requires the driver to hold a Commercial Driver License, you employ drivers, use friends or family, or your vehicles are operated by members of the Corporation, LLC, or Partnership.
- Your business entity is **Individual**; your private carrier of passengers fleet is two or more commercial motor vehicles, one or more that requires the driver to hold a Commercial Driver License.

**B. EPN Number Not Required** – Select this box and enter the requested information when:

- Your private carrier of passengers operation does not require drivers to hold a Commercial Driver License.
- You do not have a terminal (place of business) located within California. Enter out-of-state business address.
- Your motor carrier operation requires drivers to hold a Commercial Driver License, however, you do not employ the drivers as you obtain them from an agency, or third party, and these drivers are enrolled in their employer's EPN account. Enter the name, address, and telephone number of the agency or third party.

**NOTE:** Your EPN selection will be reviewed and if it is determined that enrollment in the EPN Program is required or further information needed, you will be notified in writing.

**SECTION 7 – VEHICLES OPERATED: *must be completed in full***

A Private carrier of passengers is one who transports passengers on a not-for-profit basis.

**A. Number of Vehicles** – You are required to provide:

- The number of motor vehicles used in your private carrier of passengers operation.

**B. Vehicle Information** – You are required to provide a list of all motor vehicles used in your private carrier of passengers operation by:

- License plate number, state issued, and number of seats (including the driver).
- Entire Vehicle Identification Number (VIN).

**NOTE:** Use the format shown on the application. Attach a separate sheet if necessary.

**SECTION 8 – REGISTRATION SERVICE INFORMATION:**

As of January 1, 2006, any person or registration service submitting documents and or fees for pay or compensation shall be licensed by the Department of Motor Vehicles (DMV). The following information is required if you are a registration service:

- Printed name and signature of the preparer and date signed.
- Name of the firm, occupational license number, date of expiration, address, and telephone number.

**SECTION 9 – CERTIFICATION**

All applicants are required to complete this section and sign in ink. If signed by an Authorized Representative, the Authorized Representative section in **SECTION 2** must be completed.

**LIABILITY INSURANCE REQUIREMENTS:**

Use this chart to determine the level of liability insurance your operation requires based upon the Transportation Activities you marked in **SECTION 5** of the application.

| <i>If you are a...</i>                        | <i>With the maximum vehicle seating capacity</i>                      | <i>Then you are required to provide insurance at the following combined single limit</i>   |
|---|---|--|
| Youth Camp that operates as an Organized Camp | A. Up to 8 passengers<br>B. Up to 15 passengers<br>C. 16 + passengers | A. \$500,000 general liability and \$250,000 general umbrella coverage<br>B. \$1,000,000 general liability and \$500,000 general umbrella coverage<br>C. \$1,500,000 general liability and \$3,500,000 general umbrella coverage |
| Youth Camp that is not-for-profit             | A. Up to 8 passengers<br>B. Up to 15 passengers<br>C. 16 + passengers | A. \$500,000 general liability<br>B. \$1,000,000 general liability<br>C. \$1,500,000 general liability and \$3,500,000 general umbrella coverage   |
| Private Carrier                               | N/A   | \$15,000/\$30,000 bodily injury and \$5,000 property damage  |

A PCP certificate will not be issued until acceptable proof of liability insurance has been provided to the department. During an "Active" certificate term, all private carriers of passengers are required to maintain proof of liability insurance on file with the department at the required levels of coverage. Liability insurance must be submitted on one of the following documents:

- *Certificate of Insurance* (REG 1323)
- *Liability Bond* (REG 1327)

**NOTE:** Proof of insurance must be issued in the same private carrier of passengers legal name entered in **SECTION 2** of the application.

**VOLUNTARY WITHDRAWAL**

If you wish to cease private carrier of passengers operations, you must complete and submit a *Request for Voluntary Withdrawal* (REG 1308) prior to cancelling your liability insurance.

If you have any questions, call (916) 657-8153.

**Mail your completed application to:**

**DEPARTMENT OF MOTOR VEHICLES  
REGISTRATION OPERATIONS DIVISION  
P.O. BOX 932370 MS H875  
SACRAMENTO, CA 94232-3700**

**OR**

**Overnight Mail to:**

**DEPARTMENT OF MOTOR VEHICLES  
REGISTRATION OPERATIONS DIVISION  
2415 1ST AVENUE MS H875  
SACRAMENTO, CA 95818**



# APPLICATION FOR PRIVATE CARRIER OF PASSENGERS CERTIFICATE

CARRIER IDENTIFICATION NUMBER (CA) #

- The information required on this form pertains to eligibility for issuance of a Private Carrier of Passengers (PCP) certificate and is required under authority of Division 14.86 of the *California Vehicle Code* (CVC). Failure to provide the information required under CVC §34683 is cause for refusal to issue a PCP certificate.
- The information provided on this form is public record regularly used by law enforcement agencies and is open to inspection by the public except driver license number, Social Security Number, Federal Employer Identification Number, Employer Pull Notice requester code number, payment information, and employees' information.
- **Please read the instructions before completing this application.**

**NOTE:** The law allows the California Department of Tax and Fee Administration and Franchise Tax Board to share taxpayer information with the Department of Motor Vehicles (DMV). Private Carriers of Passengers are required to pay their state tax obligation. If the state tax obligation is not paid, DMV may suspend a PCP certificate pursuant to the *Business and Professions Code* §494.5.

## SECTION 1 — TYPE OF APPLICATION

- Original** (\$35)
  **Renewal** (\$30)
  **Reinstatement** (\$125)

## SECTION 2 — LEGAL NAME/BUSINESS ENTITY – CHECK ONLY ONE BOX AND COMPLETE IN FULL

### A. INDIVIDUAL

|   |                       |              |                        |
|---|-----------------------|--------------|------------------------|
| LEGAL NAME (LAST, FIRST, MI AS SHOWN ON YOUR DRIVER LICENSE OR IDENTIFICATION CARD) | DRIVER LICENSE NUMBER | STATE ISSUED | SOCIAL SECURITY NUMBER |
|   |                       |              |                        |

### B. CORPORATION

|   |   |  |  |
|---|---|--|--|
| NAME OF CORPORATION (AS REGISTERED WITH THE SECRETARY OF STATE) | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT" |  |  |
| CORPORATION NUMBER  | STATE ISSUED  | DATE OF INCORPORATION (MONTH/DAY/YEAR) |  |
| NAME OF PRINCIPAL OFFICER (LAST, FIRST, MI)                     | TITLE   |  |  |
| CORPORATE OFFICERS (ATTACH A SEPARATE SHEET IF NEEDED)          |   |  |  |

### C. LIMITED LIABILITY COMPANY (LLC)

|   |   |  |  |
|---|---|--|--|
| NAME OF LIMITED LIABILITY COMPANY (AS REGISTERED WITH THE SECRETARY OF STATE) | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT" |  |  |
| NAME OF MANAGING MEMBER (LAST, FIRST, MI)                                     | ALL MEMBER NAMES (ATTACH A SEPARATE SHEET IF NEEDED)            |  |  |

### D. PARTNERSHIP

|   |   |  |  |
|---|---|--|--|
| NAME OF PARTNERSHIP                                   | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR ENTER "EXEMPT" |  |  |
| NAME OF GENERAL OR MANAGING PARTNER (LAST, FIRST, MI) | ALL PARTNER NAMES (ATTACH A SEPARATE SHEET IF NEEDED)           |  |  |

|   |  |
|---|--|
| <b>TELEPHONE NUMBER – (required for all applicants)</b> | <b>AUTHORIZED REPRESENTATIVE – (required if authorized representative signs the application)</b> |
| TELEPHONE NUMBER<br>( )                                 |  |

## SECTION 3 — DOING BUSINESS AS (DBA)/TRADE NAMES/FICTITIOUS BUSINESS NAMES – ENTER ONLY LEGALLY ADOPTED BUSINESS NAMES AND SUBMIT A COPY OF YOUR CURRENT FICTITIOUS BUSINESS NAME STATEMENT FILING OR NOTE NOT APPLICABLE (N/A)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**SECTION 4 — PRINCIPAL PLACE OF BUSINESS – MUST BE COMPLETED IN FULL**

BUSINESS ADDRESS (PHYSICAL ADDRESS NOT P.O. BOX OR PMB)

A. \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

B. \_\_\_\_\_

**SECTION 5 — TYPE OF TRANSPORTATION SERVICES – MUST BE COMPLETED IN FULL**

- A. Youth Camp**
  - Organized Camp** – You are an organization that operates an organized camp, as defined in Health and Safety Code §18897.
  - Non-Profit** – You are a non-profit organization that qualifies for tax exemption under Internal Revenue Code §501 (c) (3).
- B. Private Carrier** – Indicate whether you are a private carrier pursuant to CVC §34681.

**NOTE:** Your selection will determine the minimum liability coverage that must be provided in accordance with CVC §34692. The information will be reviewed and you will be notified in writing if it is determined additional information is required.

**SECTION 6 — EMPLOYER PULL NOTICE PROGRAM (EPN) CVC SECTION 1808.1. – MUST BE COMPLETED IN FULL**

- A. EPN NUMBER REQUIRED** – You are a Corporation, LLC, or Partnership, and your private carrier of passengers operation requires drivers to hold a Commercial Driver License or you employ drivers, use friends or family, or the vehicles are operated by members of your entity. You are an individual who has two or more vehicles and at least one of your vehicles requires the driver to hold a Commercial Driver License. **EPN Requester Code #** \_\_\_\_\_
- B. EPN NUMBER NOT Required** – Provide the required information below.
  - Private carrier of passengers operation does not require a Commercial Driver License.
  - No terminal located in California. Terminal address is \_\_\_\_\_
  - Private carrier of passengers operation requires a Commercial Driver License and I obtain drivers from a third party (enter name, address, and telephone number) \_\_\_\_\_

**NOTE:** Your selection will be reviewed and if it is determined that enrollment in EPN or additional information is required, you will be notified in writing.

**SECTION 7 — VEHICLES OPERATED – MUST BE COMPLETED IN FULL**

A. Enter the number of vehicles owned, registered, leased, and/or operated during the last certificate period. If this is a new business without prior operation or certificates, enter the number of vehicles that will be operated during the current certificate period. **Do not include trailers.**

|                          |  |
|--------------------------|--|
| TOTAL NUMBER OF VEHICLES | <b>TOTAL NUMBER OF VEHICLES – Private (transport passengers without compensation)</b>                    |
| NUMBER OF SEATS          | <b>FOR THE VEHICLE WITH THE LARGEST SEAT COUNT (INCLUDING THE DRIVER), IDENTIFY THE NUMBER OF SEATS.</b> |

CA # \_\_\_\_\_

B. Enter the license plate number, the state issued, and the entire Vehicle Identification Number (VIN) for each power unit in your private carrier of passenger's fleet. If your fleet has more than 10 vehicles, submit this information on a separate sheet of paper using the format shown below, including your CA # and business name. **Do not include trailers.**

| LICENSE PLATE NUMBER | STATE ISSUED | MAX SEATING CAPACITY (NUMBER OF PASSENGERS) | VEHICLE IDENTIFICATION NUMBER |
|----------------------|--------------|---|-------------------------------|
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |
|                      |              |   |                               |

**SECTION 8 — REGISTRATION SERVICE INFORMATION – FOR REGISTRATION SERVICE USE ONLY**

|   |  |                                   |                             |
|---|--|-----------------------------------|-----------------------------|
| PRINTED NAME OF PREPARER                    |  | SIGNATURE OF PREPARER<br><b>X</b> |                             |
| REGISTRATION SERVICE NAME/ADDRESS           |  |                                   | TELEPHONE NUMBER<br>(     ) |
| OCCUPATIONAL LICENSE NUMBER/EXPIRATION DATE |  |                                   | DATE                        |

**SECTION 9 — CERTIFICATION – COMPLETE AND SIGN**

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

|                       |  |                  |      |
|-----------------------|--|------------------|------|
| PRINTED NAME          |  | TITLE            |      |
| SIGNATURE<br><b>X</b> |  | SIGNED AT (CITY) | DATE |

**PAYMENT:**

Make your check or money order (**NO CASH**) payable to the Department of Motor Vehicles and submit with your application. Call **(916) 657-8153** if you have any questions.

**NOTE:** If the bank does not honor your payment, a \$30 dishonored check fee will be assessed and your certificate may be cancelled.

**Mail your completed application to:**  
**DEPARTMENT OF MOTOR VEHICLES**  
**REGISTRATION OPERATIONS DIVISION**  
**P.O. BOX 932370 MS H875**  
**SACRAMENTO, CA 94232-3700**

**OR**

**Overnight Mail to:**  
**DEPARTMENT OF MOTOR VEHICLES**  
**REGISTRATION OPERATIONS DIVISION**  
**2415 1ST AVENUE MS H875**  
**SACRAMENTO, CA 95818**

**Save Time, Go Online!**  
**dmv.ca.gov**  
**DRIVING CHANGE**