



**STATE OF CONNECTICUT  
DEPARTMENT OF TRANSPORTATION  
BUREAU OF PUBLIC TRANSPORTATION  
REGULATORY AND COMPLIANCE UNIT  
2800 BERLIN TURNPIKE  
NEWINGTON, CT 06111**



**This Section is for Office Use Only**

**Date:** \_\_\_\_\_ **App. Rec'd By:** \_\_\_\_\_ **Payment Amt.** \_\_\_\_\_

**Circle One:** Check Money Order **Check or MO Number:** \_\_\_\_\_

**Application/Docket Number:** \_\_\_\_\_ **Registration Permit Number: P-TNC** \_\_\_\_\_

**Company's Legal Name:** \_\_\_\_\_

**Payment Received by UE: Initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deposit Date:** \_\_\_\_\_ **Deposit Number:** \_\_\_\_\_

**APPLICATION FOR  
A NEW TRANSPORTATION NETWORK COMPANY REGISTRATION,  
OR  
ANNUAL RENEWAL OF A TRANSPORTATION NETWORK COMPANY  
REGISTRATION**

**Application Fee:**

- State the average number of CT Transportation Network Company (TNC) drivers on your platform in the last twelve (12) months. \_\_\_\_\_
- Each **NEW** application or **RENEWAL** application must be accompanied by a fee of:  
**FIVE THOUSAND DOLLARS (\$5,000.00) for a transportation network company with less than fifty (50) drivers.**  
**TEN THOUSAND DOLLARS (\$10,000.00) for a transportation network company with fifty (50) or more drivers, but not more than one hundred ninety-nine drivers (199).**  
**THIRTY THOUSAND DOLLARS (\$30,000.00) for a transportation network company with two hundred (200) or more transportation network company drivers.**
- Application fee must be made by check or money order payable to “**Treasurer, State of Connecticut**”.
- Registration is valid for 12 months: January 1-December 31. Application for Renewal shall be filed no later than 30 days prior to December 31.
- Cash not accepted; Application fee is non-refundable.
- Failure to complete all sections and provide supporting documentation may result in a returned application.
- **Administrative Withdrawal and Loss of Fee:** Applicants are required to file documents requested by the department within ten (10) business days from the date of the request. Failure to comply with the filing deadline may result in your application being administratively withdrawn

by the department. When an application is administratively withdrawn, the fee cannot be refunded or used for any subsequent application.

Submit to:  
Connecticut Department of Transportation  
Regulatory and Compliance Unit  
2800 Berlin Turnpike  
Newington, CT 06111  
(860) 594-2865

**Attorney Information**

- Are you represented by an attorney, and desire communication **solely** through your attorney?
- Yes No **If yes**, please complete the following:

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Nature and Extent of Service**

This application is for a **NEW or RENEWAL TRANSPORTATION NETWORK COMPANY (TNC) REGISTRATION** – Any transportation network company that operates in this state without a valid registration or when such registration is suspended shall be fined not more than Fifty Thousand Dollars (\$50,000.00). See: Conn. Gen Stat. Sec. 13b-117 (c)

**Business Information**

Company's Legal Name: \_\_\_\_\_  
(Name of Individual, Partnership, Corporation, or Limited Liability Company)

Trade Name (or d/b/a), if applicable: \_\_\_\_\_

Mailing/Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Name of Smartphone App: \_\_\_\_\_

Website Address: \_\_\_\_\_

## **Agent for Service**

- Please provide the name, address, phone number, and email of your agent for service of legal process in Connecticut.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Organization of Applicant** (Documentation Required)

Please provide a copy of the organizational documents filed with the Office of the Secretary of the State and/or the Town Clerk's Office. Corporations, Partnerships and Limited Liability Companies operating under a d/b/a must provide a copy of their Trade Name or d/b/a registration as well as their organizational documents. Examples of organizational documents may include

- Corporations: provide a copy of their Articles of Incorporation
- LLC: provide a copy of their Articles of Organization
- Partnerships: provide a copy of their Partnership Agreement
- Sole Proprietors: provide a copy of their Trade Name Filing

**In most instances**, a printout from Connecticut's CONCORD database will satisfy the requirement.

## **Contacts for Communication with the DOT**

### **First point of contact**

Contact Name: \_\_\_\_\_

Contact Landline Number: \_\_\_\_\_

Contact Cell Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### **Second point of contact**

Contact Name: \_\_\_\_\_

Contact Landline Number: \_\_\_\_\_

Contact Cell Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### **Amendments to Information Supplied**

The registrant shall file written amendments of material changes to any of the reporting supplied herein not later than thirty days after the registrant knows or reasonably should know of the change.

See: Conn. Gen. Stat. sec. 13b-117(a). Submit changes to:

Connecticut Department of Transportation  
Regulatory and Compliance Unit  
2800 Berlin Turnpike  
Newington, CT 06111

### **Insurance** (Documentation Required)

- Provide an ACORD certificate that demonstrates the required limits of coverage.
- Provide a certified statement from your insurance company on company letterhead stating the following: 1. The signer is authorized to bind the insurer; 2. That the policy complies with Connecticut's requirements for operation of a TNC; 3. Identifies by number the policy or policies that afford such coverage.
- Note that the registrant is responsible for providing the DOT with an updated ACORD and certified statement should the policy or policies lapse during the registration period of January 1 through December 31.

### **Certification of Familiarity and Compliance with Laws and Regulations Governing TNC Operation**

The registrant must sign below once they have become familiar with the laws of the State of Connecticut and the Regulations of Connecticut State Agencies concerning the operation of a TNC. In the alternative, the registrant may supply a document containing the language below, from an authorized signatory of the registrant, in the form of an affidavit which shall accompany the Application.

I certify that I have read and am familiar with the laws of the State of Connecticut and the Regulations of Connecticut State Agencies concerning the operation of TNCs. In addition, I agree that employees wherever situated who are involved in the registrant's services in Connecticut, as well as persons providing transportation services through the TNC's digital platform domiciled in Connecticut or operating a vehicle with a Connecticut DMV registration shall be informed of the laws of the State of Connecticut and the Regulations of Connecticut State Agencies concerning the operation of a TNC. Further, I certify that the registrant named herein shall remain in compliance with the laws of the State of Connecticut and the Regulations of Connecticut State Agencies concerning the operation of TNCs. Last, I certify that I am authorized to bind the registrant concerning all the above.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only

Date: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Company's Legal Name: \_\_\_\_\_

**Registration Permit Number: P-TNC:**

**NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION**

Pursuant to Connecticut General Statutes Section 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Services. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please complete the following information:

APPLICANT NAME: \_\_\_\_\_

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

**OR**

INDIVIDUAL SOCIAL SECURITY NUMBER: \_\_\_\_\_

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**NOTARIZATION: TO BE EXECUTED BY THE SOLE PROPRIETOR, AN AUTHORIZED PARTNER, AN AUTHORIZED OFFICER OF THE CORPORATION, OR AN AUTHORIZED MEMBER OF THE LIMITED LIABILITY COMPANY**

State of \_\_\_\_\_

County of \_\_\_\_\_

I (We), the undersigned under oath, say that the foregoing application was prepared by me, or under my direction, that I (we) have carefully examined the same, and I declare the same to be correct to the best of my (our) knowledge and belief, under the penalties of perjury. Further I certify that I am authorized to bind the registrant and authorized to submit this application.

\_\_\_\_\_  
(Print – name) (Title) (Telephone)

Signature \_\_\_\_\_

\_\_\_\_\_  
(Print – name) (Title) (Telephone)

Signature \_\_\_\_\_

\_\_\_\_\_  
(Print – name) (Title) (Telephone)

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My Commission Expires \_\_\_\_\_

## **CHECKLIST**

### **Application for a New TNC Registration** **or** **Annual Renewal of a TNC Registration**

**FAILURE TO COMPLETE ALL APPLICABLE SECTIONS OF THE APPLICATION MAY RESULT IN DELAYED PROCESSING OR A RETURNED APPLICATION.**

Application Fee - check or money order payable to “**Treasurer, State of Connecticut**”

Attorney’s Information – provide information requested

Business Information – provide information requested

Agent for Service – provide information requested

Organization of Applicant – submit copies of documents showing your type of organization and provide other information requested

Contacts for Communication, Primary and Secondary - provide information requested

Insurance – provide documents requested

Certification of Familiarity and Compliance with Laws and Regulations Governing TNC Operations or Affidavit – please sign or provide document requested.

Federal Employer’s Identification Number or Social Security Number – provide information requested

Application Signatures Notarized – remember to have signature(s) notarized

I certify that I have read the Information Sheet and Checklist provided with this application and I have used both to ensure that the application is complete, and the information provided is accurate.

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(Print – name)

(Title)

(Signature)