

OFFICE USE ONLY

Date Issued: _____

Permit Number: _____

Expiration: _____



State of New Jersey

Motor Vehicle Commission
Division of Business & Government Operations
Bureau of Business Licensing

TRANSPORTATION NETWORK COMPANY PERMIT APPLICATION FORM (TNC-1)

Annual permit fee: \$25,000

Name of Transportation Network Company

Date of Application

Please mark the appropriate box:

INITIAL
APPLICATION

RENEWAL
APPLICATION

If you have any questions, please contact the Motor Vehicle Commission at (609) 292-6500 ext. 5014.

Please make the permit fee check payable to the NJMVC.

Please return the completed application form and check to:

New Jersey Motor Vehicle Commission
Business Licensing Services Bureau
P.O. Box 170
Trenton, NJ 08666-0170
(609) 292-6500 ext. 5014
mvcblsprocessing@mvc.nj.gov

NOTE: The Transportation Network Company permit is effective for one year from the date of issuance.

PART I: TNC APPLICANT'S IDENTIFICATION

- 1. Name of Transportation Network Company (TNC) applicant, and if an entity, entity type (i.e. corporation, limited liability corporation, partnership, etc.):

If TNC applicant is an entity, all officers, managing members or partners:

- 2. Other names TNC applicant currently uses or under which the TNC applicant trades or does business:

- 3. All names, including trade names under which the TNC applicant intends to trade or do business:

- 4. Federal Taxpayer Identification Number: _____

- 5. Does the TNC applicant have any subsidiary company or a parent company with subsidiary companies? If yes, please provide the name, address and relationship to the TNC applicant (if there is more than one, please attach a separate sheet):

- 6. Has the TNC applicant or any subsidiary company of the TNC applicant or affiliated parent company or subsidiary company of the parent company ever had its TNC permit revoked by the State of New Jersey?

- 7. TNC Information:

- A. Physical street address: _____

- City/State/Zip Code: _____

- Telephone number: _____ Facsimile number: _____

- Email address: _____

- B. Mailing address: _____

- C. City/State/Zip Code: _____

- Website or web address homepage: _____

D. Contact person information (all correspondence will be addressed to the individual listed):

Name: _____ Title: _____

Mailing address: _____

City/State/Zip Code: _____

Telephone number: _____ Facsimile number: _____

Email address: _____

E. All authorized signatories on behalf of TNC applicant:

Name: _____ Title: _____

Name: _____ Title: _____

PART II: ORGANIZATION

1. The Transportation Network Company Safety and Regulatory Act, N.J.S.A. 39:5H-1 et seq., defines a TNC as:

a corporation, partnership, sole proprietorship, or other entity that is registered as a business in the State or operates in this State, and uses a digital network to connect a transportation network company rider to a transportation network company driver to provide a prearranged ride. A transportation network company shall not include an individual, corporation, partnership, sole proprietorship, or other entity arranging non-emergency medical transportation for individuals qualifying for Medicaid under P.L.1968, c.413 (C.30:4D-1 et seq.) or Medicare under Pub.L.89-97 (42 U.S.C. s. 1395 et seq.) pursuant to a contract with the State or a managed care organization, whereby Medicaid or Medicare funding is used to pay for the non-emergency medical transportation services.

Prearranged rides provided by a TNC driver are not to be considered transportation provided by an autocab, taxi, limousine, autobus, jitney, motor bus, or other for hire vehicle, and are not to be considered ridesharing.

Please attach a description of the services the TNC applicant proposes to offer and proof that the business is registered with the State of New Jersey as Attachment A. The description of services offered must clearly demonstrate that the TNC applicant's proposed services meet the definition of a TNC.

Please attach your identifying marker in full color, and email the marker to mycbprocessing@mvc.nj.gov in jpeg format, with your submission of this application, for recording by the Motor Vehicle Commission as Attachment B. Your identifying marker is to be issued to every TNC driver, and displayed on the driver's personal vehicle when the driver logs on to the TNC's digital network as a driver or provides a prearranged ride, pursuant to N.J.S.A. 39:5H-23(b).

2. Provide the following information for the TNC applicant's registered agent for service of process in New Jersey:

Agent name: _____

Agent's company name: _____

Address: _____

City/State/Zip Code: _____

Telephone number: _____ Facsimile number: _____

PART III: NON- DISCRIMINATION POLICY

The Transportation Network Company Safety and Regulatory Act requires a TNC to adopt a policy of non-discrimination with respect to riders or potential riders on the basis of destination, race, color, national origin, religious belief or affiliation, sex, disability, age, sexual orientation, or gender identity. A TNC is required to make its non-discrimination policy available on its website or digital network. In addition, the TNC must also meet the following requirements:

- A TNC is required to provide drivers with accessibility compliance information for persons with disabilities, including information about accommodating a rider with a disability.
- TNC drivers are required to comply with all applicable laws regarding non-discrimination against riders or potential riders, as well as all applicable laws relating to the accommodation of service animals.
- The TNC is required to notify its drivers of the non-discrimination policy.

Please provide a written description of the TNC applicant's non-discrimination policy as Attachment C.

PART IV: ZERO TOLERANCE POLICY

The TNC shall implement a zero tolerance policy on the use of controlled dangerous substances and alcohol that may impair a TNC driver while the driver is providing a prearranged ride or while the driver is logged on to the TNC's digital network as a driver but is not providing a prearranged ride.

In addition, the TNC must also meet the following requirements:

- The TNC is required to provide riders, on its website, digital network, or electronic receipt, notice of the zero tolerance policy and procedures to report a complaint about a driver suspected of driving under the influence of a controlled dangerous substance or alcohol.
- The TNC shall maintain records concerning the enforcement of the zero tolerance policy, for a period of at least two years from the date that the TNC receives a rider's complaint.

Please provide a written description of the TNC applicant's zero tolerance policy as Attachment D.

PART V: INSURANCE

All TNC applicants must provide the Motor Vehicle Commission with proof of insurance required pursuant to N.J.S.A. 39:5H-10. The name and address must match the information shown on page 2 of this application.

Please provide a copy of TNC applicant's certificate of insurance as Attachment E.

PART VI: CRIMINAL BACKGROUND CHECKS FOR DRIVERS

1. TNCs registered as a business in the State or operating in the State prior to May 1, 2017

Please provide a written description of how the TNC applicant will comply with the criminal background check requirements of N.J.S.A. 39:5H-17, as Attachment F, and select the appropriate option below.

_____ TNC applicant's proposed method of conducting criminal background checks for drivers has been approved by the Attorney General. (Attach proof of the Attorney General's approval, as Attachment G.)

_____ TNC applicant's proposed method of conducting criminal background checks for drivers has **not** been approved by the Attorney General. TNC applicant agrees that it shall not permit any driver applicant or permit any driver to log on to its digital network as a driver or provide a prearranged ride as a driver applicant or driver until the driver or driver applicant submits to a criminal history record background check pursuant to N.J.S.A. 39:5H-1et seq. and the Division of State Police provides the TNC applicant with information concerning the driver applicant's or driver's eligibility to be a driver pursuant to N.J.S.A. 39:5H-17.

2. TNCs not registered as a business in the State or operating in the State prior to May 1, 2017

A TNC that was not registered as a business in the State or operating in the State prior to May 1, 2017 shall not operate in the State prior to:

(a) The New Jersey Attorney General approving, within six months of submission, the method that the TNC, or third party designated by the TNC, proposes to conduct a criminal background check; or

(b) The TNC's driver applicant's submitting to a criminal history record background check pursuant to N.J.S.A. 39:5H-17.

If the TNC applicant was **not** registered in this State or operating in this State prior to May 1, 2017, please indicate whether you have submitted a proposed method for criminal history background checks of drivers to the Attorney General, and if so, on what date, and whether the proposed method has been approved by the Attorney General. If not yet approved, or rejected, please state the status of the Attorney General's review.

If the Attorney General did not approve the method to conduct criminal history background checks, driver applicants and drivers are prohibited from logging on to the TNC's digital network as a driver or providing a prearranged ride as a TNC driver until the driver applicant or driver submits to a criminal history record background check pursuant to N.J.S.A. 39:5H-17 and the Division of State Police provides the TNC with information concerning the driver applicant's or driver's eligibility to be a driver pursuant to N.J.S.A. 39:5H-17. Please provide a written description of how the TNC applicant will comply with the criminal background check requirements of N.J.S.A. 39:5H-17, as Attachment F, and select the appropriate option below.

- _____ TNC applicant’s proposed method of conducting criminal background checks for drivers has been approved by the Attorney General. (Attach proof of the Attorney General’s approval, as Attachment F.)

- _____ TNC applicant’s proposed method of conducting criminal history background checks has **not** been approved by the Attorney General. TNC applicant agrees that it shall not approve any driver applicant or permit any driver to log on to its digital network as a driver or provide a prearranged ride as a driver until the driver applicant or driver submits to a criminal history record background check pursuant to N.J.S.A. 39:5H-1 et seq. and the Division of State Police provides the TNC applicant with information concerning the driver's eligibility to be a driver pursuant to N.J.S.A. 39:5H-17.

PART VII: SIGNATURE

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the initial and renewal application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obligated to provide any necessary information to ensure my application remains current, valid, and truthful. I understand that my duty of disclosure during the initial and renewal application process exists until the permit is granted or denied.

CERTIFICATION OF TNC APPLICANT

I certify that the foregoing statements are true and correct. I understand that failure to provide requested information, making any false statement or giving any false information in connection with this application for a permit or for renewal or reinstatement of a permit may result in application processing delays, denial, revocation, suspension or limitation on my permit, or any combination thereof or such other fines and penalties as may be provided by law.

I further understand that if issued a permit, or renewal, or reinstatement thereof, failure to comply with New Jersey law and regulations will be cause for enforcement action and revocation of the TNC permit.

I have read the Transportation Network Company Safety and Regulatory Act (N.J.S.A. 39:5H-1, et seq.) and certify that I will comply with all requirements thereof if granted a permit to operate as a TNC.

By signing below, I certify that I have read the above statements and understand the obligations I have as a TNC applicant and permit holder.

DATED: _____

SIGNATURE: _____

Printed Name/Title: _____

DOCUMENT CHECKLIST

INCLUDE WITH THE APPLICATION

- Attachment A: Please attach a description of the services the TNC applicant proposes to offer and proof that the business is registered with the State of New Jersey.
- Attachment B: Please provide your identifying marker in full color pursuant to N.J.S.A. 39:5H-23(b). In addition, please email the marker to mvcbprocessing@mvc.nj.gov in jpeg format, with your submission of this application
- Attachment C: Please attach a copy of the TNC applicant's non-discrimination policy.
- Attachment D: Please provide a copy of the TNC applicant's zero tolerance policy and procedures.
- Attachment E: Please provide a copy of the TNC applicant's Certificate of Insurance.
- Attachment F: Please provide a written description of how the TNC applicant will comply with the criminal background check requirements of N.J.S.A. 39:5H-17.
- Attachment G: Please provide proof of the Attorney General's approval of the TNC applicant's method of conducting criminal background checks of driver applicants and drivers.

FAILURE TO PROVIDE THE REQUIRED DOCUMENTS WILL RESULT IN AN INCOMPLETE APPLICATION AND MAY INCREASE PROCESSING TIME. FAILURE TO RESPOND TO A REQUEST FOR INFORMATION FROM THE MOTOR VEHICLE COMMISSION MAY RESULT IN DENIAL OF THE APPLICATION.