#### **Louisiana Public Service Commission**

Post Office Box 91154
Baton Rouge, Louisiana 70821-9154
Telephone (225) 342-4439
Toll Free (888) 342-5717
<a href="http://lpsc.louisiana.gov/">http://lpsc.louisiana.gov/</a>

# **Driver Application**

**Rules and Instructions** (LPSC Form D-7175)

Pursuant to General Order dated December 28, 2011 amended April 25, 2012, all Operator/Drivers of Common or Contract Carriers of Passengers or Dispatch Taxicab Carriers, shall be registered with the LPSC in the following manner; The Business Entity must complete an approved Application with the LPSC for each of its Operator/Drivers; All Operator/Drivers must be at least 18 years of age; All Operator/Drivers must produce a valid government issued ID to the LPSC: All Operator/Drivers must have a valid state issued Chauffeur's License or Commercial Drivers License that authorizes the transportation of passengers; All Operator/Drivers must be able to speak, read, write and understand the English language; All Operator/Drivers must be familiar with the following: a)The geography, streets, and traffic regulations of any geographical area that the Operator/Driver will operate in and provide services to; and b) The rules and regulations of the Louisiana Public Service Commission; All Operator/Drivers must be of good moral character; All Operator/Drivers must agree to accept service of any sort of notice or legal process issued by any agency of the State of Louisiana upon the Operator/Drivers at the Operator/Drivers Mailing Address; and The Business Entity must remit an annual fee of \$10.00 per Operator/Driver, with their application/registration to the Louisiana Public Service Commission.

- All renewal driver applications must be submitted by the Business Entity and register annually by completing the attached form for each driver; pay an annual fee of \$10.00 per driver and mailing to the above address. MAKE COPIES OF APPLICATION AS NEEDED (Method of payment shall be by the Business Entity's company check or by certified funds only. Please submit only one check for all applications when possible.)
  - Every application must attach a legible valid copy of the driver's state issued Chauffeur's License or Commercial Drivers License (CDL) that authorizes the transportation of passengers. (FRONT & BACK)
  - If the driver is a non-employee of the business such as an Independent or Contract Driver, they must also attach a copy of the driver's individual Certificate of Liability Insurance.
- The Business Entity must attach a copy of their Employers' Quarterly Wage & Tax Report (LWC ES4) filed with the Louisiana Workforce Commission to identify which drivers are employed by the Business Entity.

It is the responsibility of the Business Entity to inform the Commission in writing when a driver is no longer employed or working under a contract with the Business Entity during any registration year and to add any new drivers by completing a new driver application and sending to the Commission with the \$10.00. All driver applications must be renewed annually by submitting an application and the \$10.00 per driver fee on or before January 31st each year.



### Louisiana Public Service Commission Transportation Division

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## DRIVER'S REGISTRATION APPLICATION

#### ALL FIELDS MUST BE FILLED OUT COMPLETELY OR THIS APPLICATION WILL BE RETURNED

(Please make additional copies for multiple registrations or additional forms can be printed from our website)

- The Business Entity must submit one application per Driver annually with the \$10.00 per Driver fee.
- Must attach a LEGIBLE copy of driver's CDL or Louisiana Chauffeur's License (FRONT & BACK).
- Independent contractors and Contract drivers shall verify liability insurance coverage individually by attaching a "Certificate of Liability Insurance" to this application, or the Business Entity may provide a "Certificate of Liability Insurance Driver's Schedule" listing driver name & company policy number. **Registration Year:**

I hereby authorized the below named driver to operate under
(Printed Name of Business Entity's Authorized Representative )
the LPSC account of for the stated registration year.
(Business Entity Name) (LPSC Number)
Signature of Business Entity's Authorized Representative
Driver Details Chauffeur or CDL License Number: State:
<b>Check one box:</b> □ Driver is an Employee of Business Entity as reported on the <b>LWC ES4 (must attached copy)</b>
☐ Driver is a <b>independent contract driver (must attach Certificate of Liability Insurance)</b>
☐ Driver is <b>Business Owner</b>
Name: First Middle Last
Mailing address:
City: State: ZIP Code:
Social Security #: Date of Birth: M M - D D - Y E A R
Phone #: Cell #: Email Address(Optional):
Driver Questionnaire (EVERY QUESTION BELOW IS REQUIRED TO BE ANSWERED)
1. Are you able to speak, read, write and understand the English language? ☐ YES ☐ NO
2. Are you familiar with the geography, streets, and traffic regulations of any geographical area that you will operate in and
provide services to and are you also familiar with the rules and regulations of the Louisiana Public Service Commission? $\square$ YES $\square$ NO
3. Have you ever been convicted of a crime (any misdemeanor or felony)? ☐ YES ☐ NO
(If Yes please explain on a separate sheet)
4. Do you agree to accept service of any sort of notice or legal process issued by any agency of the State of Louisiana at your
Mailing or Residential Address on this application? ☐ YES ☐ NO
5. I have attached a copy of my Louisiana Chauffeur's License and my certificate of liability insurance (if required)? $\square$ YES $\square$ NO
DECLARATION OF APPLICANT
Under penalties of perjury, I
Driver's Signature Date