



**CITY OF KILLEEN**  
**Application for Ground Transportation Service Operating Authority**

1. Service Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Street City State Zip

2 Please circle the type(s) of Operating Authority requested:

Limousine Service  
Shuttle Service

Airport Shuttle Service  
Charter Service

Other

3. The following information must be provided for the applicant, each officer, director, partner, and any other person who will participate in the business decisions of or who has the authority to enter contracts on behalf of the ground transportation service. This information is to be provided on a separate page and attached to the application.

Name: \_\_\_\_\_ Texas Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street City State Zip

Number of years of Texas residency: \_\_\_\_\_

Provide a description of all criminal convictions and attach a criminal history certified by the Texas Department of Public Safety. If Texas residency has been less than three (3) years, the criminal history information must be provided and certified by the corresponding governmental authority in the former state(s) of residence. The certification of the criminal history information must have occurred within 30 days preceding the submission of the application.

4. Number of permits requested for each service:

Limousine \_\_\_\_\_  
Airport Shuttle \_\_\_\_\_  
Shuttle \_\_\_\_\_  
Charter \_\_\_\_\_  
Other \_\_\_\_\_

5. Provide the following information for each vehicle to be used to provide the service (if additional space is needed include on a separate page):

Yr.	MakeModel	Body Style	Seating Capacity*	Service Type**	License No.	Vehicle Identification No.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

\* manufacturer's rated seating capacity

\*\* (L) Limousine (A) Airport Shuttle (S) Shuttle (C) Charter (O) Other

6. Name of Insurance Co.: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agent Phone #: \_\_\_\_\_ Agent Insurance License #: \_\_\_\_\_

7. The applicant must provide the following information and attach as part of the application:

- a. Copies of the appropriate following documents to verify that each vehicle proposed to be operated by the applicant is owned, leased, or under contract by the applicant:
  - 1. Certificate of Title.
  - 2. Lease/rental contract, or
  - 3. Other contract as appropriate.
- b. Certified copies of any documents required by state law to be filed for the business entity to legally exist, and a statement from the Texas Secretary of State certifying that the business is in good standing if state law requires the entity to file documents with the Texas Secretary of State.
- c. A description of the applicant's ground transportation service experience.
- d. A detailed description of the proposed service.
- e. The proposed rate of fare.
- f. A certificate of insurance as proof of insurance coverage, listing the City of Killeen as additional insured.
- g. An affidavit certifying that there are no outstanding judgments related to ground transportation service against a person described in Item #3 of this application.
- h. Any service that utilizes vehicles with a passenger capacity of 16 or more, including the driver, and desire the drivers to be exempt from the Driver's Permit requirement must submit the driver's license number and a photocopy of each driver's license of the drivers that possess a valid Class "B" or "C" commercial driver's license with a passenger endorsement issued by the State of Texas and a certificate stating that the driver is physically qualified to drive a commercial motor vehicle issued by a qualified medical examiner.

- i. Shuttle and non-motorized service applicants must submit proposed routes, stops, and schedules for approval by the Department.
- 8. A \$300.00 non-refundable operating authority application fee must be submitted with the application.
- 9. Attach a statement that the applicant(s) are not in default or arrears in any amount or way with or to the City of Killeen or any activity associated with the City of Killeen.

I, \_\_\_\_\_, applicant, do swear or affirm that all of the information included within this application is accurate, and I understand that any omitted information or information found to be inaccurate will result in the denial of this application for operating authority or the revocation of an operating authority that is granted based on the information provided in this application. I also swear or affirm that I have read and understand Chapter 29 of the Killeen City Code relating to Transportation and agree to comply with the terms as written and as may be amended.

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Signature of Applicant

Title

Date

THE STATE OF TEXAS  
COUNTY OF BELL

BEFORE ME, the undersigned authority, on this day appeared \_\_\_\_\_,  
known to me to be the person whose name is signed to the foregoing application and duly sworn by me  
states under oath that he has read the said application and that all of the facts therein set forth are true and  
correct.

Sworn to before me, this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Bell County, TX