



Transportation Network Company Registration

Year: _____

A. Transportation Network Company (TNC) information			
1. TNC Permit No. (Leave blank if new applicant)		2. Application Type (Check one box) <input type="checkbox"/> Renewal <input type="checkbox"/> Amended <input type="checkbox"/> New	
3. TNC Legal Name		4. TNC DBA Name	
5. Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		6. Web Address	
Billing address			
7. Street Address/Route Number			
8. City	9. State	10. Zip	11. Country
Physical address			
12. Street Address/Route Number			
13. City	14. State	15. Zip	16. Country
B. Regulatory contact			
17. Contact First Name		18. Contact Last Name	19. Contact Phone No.
20. Contact Fax No.		21. Contact E-Mail Address	
22. Street Address/Route Number			
23. City	24. State	25. Zip	26. Country
C. Agent (located within Ohio who is authorized to receive service of process; designated pursuant to R.C. 4925.03(G))			
27. Agent Name			28. Agent Phone Number
29. Street Address/Route Number			
30. City	31. State	32. Zip	33. Country
D. Supplemental information (use space below to identify changes to company information since last application; list secondary contacts; or to provide additional information relevant to the processing of this application.)			

E. Permit fee and filing instructions

Annual TNC permit fee.....\$5,000.00

Make check payable to: Treasurer, State of Ohio

Mail this application and permit fee to:
Public Utilities Commission of Ohio
Transportation Registration
180 East Broad Street, 4th Floor
Columbus, OH 43215

F. Certification

I, the undersigned, certify that the applicant is, and will continue to operate, in compliance with all applicable requirements relating to the operation of a transportation network company set forth in Sections 4925.03 to 4925.08 of the Ohio Revised Code and the Commission’s rules, and will maintain accurate and complete business information with the Commission.

Under penalties of perjury, I declare that the information entered on this application is, to the best of my knowledge and belief, true, correct, and complete.

Name of Owner or Authorized Representative (Printed)

Date

Signature

Title

This application form, and the requirements for TNC permit applicants, may be subject to change upon the adoption of Commission rules, consistent with the requirements in Chapter 4925 of the Ohio Revised Code.