

Louisiana Public Service Commission

Post Office Box 91154
Baton Rouge, Louisiana 70821-9154
Telephone (225) 342-4439
Toll Free (888) 342-5717

Driver Application Rules and Instructions

(LPSC Form D-7175)

Pursuant to General Order dated December 28, 2011, 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 Louisiana Chauffeur's License; 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 a fee of \$10.00 per Operator/Driver, with their application/registration to the Louisiana Public Service Commission.

- All 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. (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 Louisiana Chauffeur's License. **(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

(LPSC Form D-7175)

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DRIVER'S REGISTRATION APPLICATION

The Business Entity must submit one application per Driver with the \$10.00 per Driver fee. This application must be accompanied by a legible copy of their Louisiana Chauffeur's License (FRONT & BACK). Independent contractors and Contract drivers shall verify liability insurance coverage individually by attaching a "Certificate of Liability Insurance" Form to this application. (Please make additional copies for multiple registration applications).

(All fields must be filled out completely for your application to be accepted & processed.)

Registration Year: _____

Business Entity Name: _____

Signature of Business Entity's Authorized Representative: _____

Driver Details Louisiana Chauffeur's License Number: _____

Check one box: Driver is an Employee of Business Entity reported on the LWC ES4
 Driver is a **independent contractor or contract driver** Driver is **Business Owner**

Name: First _____ Middle _____ Last _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Residence address: _____

City: _____ State: _____ ZIP Code: _____

Social Security #: _____ Date of Birth: M M - D D - Y E A R

Phone #: _____ Fax #: _____ Cell #: _____

Email Address(Optional): _____

Identification Information: (All questions must be answered) Check the option that best describes you

Sex: Male / Female Hair Color: Blonde, Brown, Black, Red Other() Eye Color: Blue, Brown, Black, Green Other()

Height _____(feet) _____(inches) Weight: _____(lbs) Place of Birth: (Country)

Driver Questionnaire

- Are you able to speak, read, write and understand the English language? YES NO
- 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? YES NO
- Have you ever been convicted of a crime (any misdemeanor or felony)? YES NO (If Yes please explain on a separate sheet)
- 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
- I have attached a copy of my Louisiana Chauffeur's License and my certificate of liability insurance (if required)? YES NO

DECLARATION OF APPLICANT

Under penalties of perjury, I _____ (please print name), declare that I have examined this application, and to the best of my knowledge and belief, all the information is true, correct and complete. I understand that if this application is incomplete or has incorrect information, my application will be returned. I can re-apply with a corrected application. I also know that under the law, all license applications are public records and may be disclosed, including this application and all other documents and information filed with it: and I understand and agree that the Louisiana Public Service Commission may verify any documents and information I provide, and that I must follow and obey all rules and regulations of the Louisiana Public Service Commission.

Driver's Signature Date