# CALIFORNIA PUBLIC UTILITIES COMMISSION
# PASSENGER CARRIER EQUIPMENT STATEMENT (Form PL-664)

## SECTION 1 – CARRIER INFORMATION

| PSG/TCP# | CARRIER NAME | FICTITIOUS BUSINESS NAME / DBA (IF ANY) | | |
|---|---|---|---|---|
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE | PHONE |
| EMAIL ADDRESS | | | | |

## SECTION 2 – EQUIPMENT

☐**UPDATE (Add/Delete/Change)** ☐**NEW APPLICATION** ☐**RENEWAL APPLICATION** ☐**REFILE APPLICATION**

**NOTE: Send the completed form by email. Include your TCP number and "Equipment" in the subject, to licensing@cpuc.ca.gov**

| ☐ADD ☐DELETE ☐CHANGE ☐LEASE ☐OWN | LICENSE PLATE | STATE | VEHICLE IDENTIFICATION NUMBER (VIN) | | | | |
|---|---|---|---|---|---|---|---|
| SEATS | BODY TYPE | YEAR | MANUFACTURER | GVWR (LB) | CHASSIS STRETCH (INCHES): | HANDICAPPED ACCESSIBLE ☐Yes ☐No | MODIFIED LIMOUSINE ☐Yes ☐No | FIRE EXTINGUISHER ☐Yes ☐No | EMERGENCY EXIT ☐Yes ☐No |
| TERMINAL ADDRESS | CITY | STATE | ZIP CODE | PHONE | | | |

| ☐ADD ☐DELETE ☐CHANGE ☐LEASE ☐OWN | LICENSE PLATE | STATE | VEHICLE IDENTIFICATION NUMBER (VIN) | | | | |
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| TERMINAL ADDRESS | CITY | STATE | ZIP CODE | PHONE | | | |

| ☐ADD ☐DELETE ☐CHANGE ☐LEASE ☐OWN | LICENSE PLATE | STATE | VEHICLE IDENTIFICATION NUMBER (VIN) | | | | |
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| TERMINAL ADDRESS | CITY | STATE | ZIP CODE | PHONE | | | |

## SECTION 3 – CERTIFICATION

I certify that the above information is accurate and that each vehicle listed is covered by an automobile liability insurance policy that provides at least the following minimum amount of coverage based on vehicle seating capacity (not including the driver):

7 passengers or fewer: $750,000 **|** 8 through 15 passengers: $1.5 million **|** 16 passengers or more: $5 million

Note: Any vehicles operated under a TCP "C" Certificate only requires $750,000

Signature _____ Print Name _____ Date _____

## CALIFORNIA HIGHWAY PATROL RECOMMENDATION *(FOR CHP USE ONLY)*

Signature _____ Date _____

☐Approval ☐Denial ☐Other

Remarks:

Division _____