

# 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																	
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION <input type="checkbox"/> REFILE APPLICATION <input type="checkbox"/> UPDATE (Add/Delete/Change)																	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE																	
		LICENSE PLATE		STATE		VEHICLE IDENTIFICATION NUMBER (VIN)											
SEATS		BODY TYPE		YEAR		GVWR (LB)		CHASSIS STRETCH (INCHES)		HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No		MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRE EXTINGUISHERS <input type="checkbox"/> Yes <input type="checkbox"/> No		EMERGENCY EXITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
TERMINAL ADDRESS											PHONE						
ADDRESS				CITY			STATE		ZIP								
		LICENSE PLATE		STATE		VEHICLE IDENTIFICATION NUMBER (VIN)											
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE																	
SEATS		BODY TYPE		YEAR		GVWR (LB)		CHASSIS STRETCH (INCHES)		HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No		MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRE EXTINGUISHERS <input type="checkbox"/> Yes <input type="checkbox"/> No		EMERGENCY EXITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
TERMINAL ADDRESS											PHONE						
ADDRESS				CITY			STATE		ZIP								
		LICENSE PLATE		STATE		VEHICLE IDENTIFICATION NUMBER (VIN)											
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE																	
SEATS		BODY TYPE		YEAR		GVWR (LB)		CHASSIS STRETCH (INCHES)		HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No		MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRE EXTINGUISHERS <input type="checkbox"/> Yes <input type="checkbox"/> No		EMERGENCY EXITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
TERMINAL ADDRESS											PHONE						
ADDRESS				CITY			STATE		ZIP								
		LICENSE PLATE		STATE		VEHICLE IDENTIFICATION NUMBER (VIN)											
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE																	
SEATS		BODY TYPE		YEAR		GVWR (LB)		CHASSIS STRETCH (INCHES)		HANDICAPPED ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No		MODIFIED LIMOUSINE <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRE EXTINGUISHERS <input type="checkbox"/> Yes <input type="checkbox"/> No		EMERGENCY EXITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
TERMINAL ADDRESS											PHONE						
ADDRESS				CITY			STATE		ZIP								
SECTION 3 - CERTIFICATION																	
<p>I certify that the above information is accurate and that each vehicle listed is covered by an automobile liability insurance policy which provides at least the following minimum amount of coverage based on vehicle seating capacity (not including the driver):</p> <p style="text-align: center;">7 passengers or less - \$750,000 • 8 through 15 passengers - \$1.5 million • 16 passengers or more - \$5 million</p> <p style="text-align: center;">Note: Any vehicles operated under a TCP "C" Certificate only requires \$750,000</p>																	
Signature				Print Name				Date									
CALIFORNIA HIGHWAY PATROL RECOMMENDATION (FOR CHP USE ONLY)																	
								<input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> Other									
Signature				Date				Remarks:									
Division																	