



Ground Transportation Bureau License



Date _____
Tracking Number _____

# CPNC APPLICATION

# NEW AND RENEWAL APPLICATION

**PAGE 1 MUST BE COMPLETED SEPARATELY BY EACH OWNER OR OFFICER THE COMPANY.**

Type of CPNC: Taxi      Limo      Non-Emergency Medical      General Charter      Courtesy      School Bus  
 Accessible Taxi      Animal Drawn      Pedicab      Sightseeing      Charter Party Carrier

New Applications ONLY:

How many CPNC numbers are you applying for? \_\_\_\_\_ Is this a new CPNC company? Yes      No

## INDIVIDUAL INFORMATION Is this a new address? Yes      No      (If yes, proof of residency is required)

Name \_\_\_\_\_ Business Affiliation (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License/State ID# \_\_\_\_\_ Expiration Date \_\_\_\_\_ Email Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Yes      No      Are you authorized to work in the United States by the immigration laws or the US Attorney General?

List all previous addresses within the past ten years:

## INTEREST DISCLOSURES AND/OR OFFICERS/MEMBERS

List the name, residence address, date of birth, and telephone number for any person who has a legal, beneficial, financial, or equitable interest as defined by law in the CPNC(s) to be issued or renewed. Definitions are listed below.

**Financial Interest:** A monetary interest or its equivalent. Any person having a financial interest in the CPNC. Example: A person who owns shares in the CPNC or any part of the CPNC or is in the process of buying the CPNC.

**Beneficial Interest:** Any person who manages, derives a profit, benefit or advantage resulting from a contract or agreement with the CPNC holder. Any person who benefits in some way through the CPNC holder.

**Legal Interest:** An interest arising out of a contract. Any person who has entered into a contract relating to the purchase of the CPNC (conditional sale) has a legal interest in the CPNC.

**Equitable Interest:** Abeneficiary in case of a CPNC holder's death or divorce. Spouses or other designated beneficiaries have an equitable interest in the license.

Full Name \_\_\_\_\_ Type of Interest \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Type of Interest \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Type of Interest \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Type of Interest \_\_\_\_\_

Residence Address \_\_\_\_\_

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**PAGE 2 MUST BE COMPLETED IF THE CPNC HOLDER IS A COMPANY.**

### BUSINESS INFORMATION (when applicable)

All of the partners or the principal officers of the organization, and the person actually exercising the executive direction of the organization shall be required to submit applications individually. All of the provisions applicable to individuals shall apply to and be required of such principal partners or officers, and the failure of any of them to meet such requirements shall be grounds to deny the application of such corporation, association or partnership.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ City of New Orleans Occupational License # \_\_\_\_\_

EIN # \_\_\_\_\_ Email address \_\_\_\_\_

*The City does not concede that a CPNC is a property right rather than a privilege. The City further does not concede that it is a best practice to allow CPNCs to be transferred during a period of suspension or revocation.*

### CHANGE DISCLOSURE (RENEWALS ONLY)

Have there been any changes of partners and/or principal officers since last year's renewal? Yes No N/A (new app)

If yes, when did these changes take place (month, day, year)? \_\_\_\_\_

If yes, what were these changes?

Were these changes reported to the Ground Transportation Bureau? Yes No

Did the new officers, partners, or other executive managing personnel submit an individual application to ensure that they possessed the qualifications required to hold a CPNC? Yes No

Has there been a change of equipment, or change of vehicle, on this CPNC? Yes No  
If so, was a vehicle inspection completed? Yes No

Have you ever had any citations written against this CPNC? Yes No  
If yes, please list citations, court hearings dates, etc.:



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**CPNC APPLICATION**

**NEW AND RENEWAL APPLICATION**

**PAGE 3 VEHICLE INFORMATION MUST BE COMPLETED FOR EACH CPNC. (RENEWALS ONLY)**  
**ADDITIONAL COPIES OF PAGE 3 MAY BE INSERTED FOR HOLDERS OF MULTIPLE CPNCs.**

**VEHICLE INFORMATION**

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

CPNC# \_\_\_\_\_ VIN \_\_\_\_\_ Service Line \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Taxicab CPNC Only

Which security camera system is installed in this vehicle?

- VerifEye Technologies
- 24/7 Security
- Janus Cam

Which debit/credit card PIM System is installed in this vehicle?

- Creative Mobile Technologies
- Verifone Transportation Systems
- Curb

Odometer Reading (mileage) \_\_\_\_\_

School Bus Only      Daily      Backup

**VEHICLE INFORMATION (use this space if you hold more than 1 CPNC)**

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

CPNC# \_\_\_\_\_ VIN \_\_\_\_\_ Service Line \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Taxicab CPNC Only

Which security camera system is installed in this vehicle?

- VerifEye Technologies
- 24/7 Security
- Janus Cam

Which debit/credit card PIM System is installed in this vehicle?

- Creative Mobile Technologies
- Fhweet
- Taxi Magic/Ride Charge
- Verifone Transportation Systems

Odometer Reading (mileage) \_\_\_\_\_

**VEHICLE INFORMATION (use this space if you hold more than 1 CPNC)**

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

CPNC# \_\_\_\_\_ VIN \_\_\_\_\_ Service Line \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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Odometer Reading (mileage) \_\_\_\_\_

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Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

CPNC# \_\_\_\_\_ VIN \_\_\_\_\_ Service Line \_\_\_\_\_

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Odometer Reading (mileage) \_\_\_\_\_



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# CPNC APPLICATION

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**PAGE 4 MUST BE SIGNED AND NOTARIZED FOR EACH INDIVIDUAL INVOLVED AS A HOLDER**

## ACKNOWLEDGMENTS

I hereby authorize the City of New Orleans Ground Transportation Bureau to receive any criminal history, record, or information pertaining to me which may be in any national, state, or local criminal justice agencies in the United States of America, and understand that the Bureau reserves the right to deny this application based upon the misrepresentation, alteration, omission, incompleteness of material fact, or for any reason set forth in New Orleans City Code Sec 162-322. I agree to comply with all provisions and requirements of New Orleans City Code Chapter 162, should this application be approved. (Note: This authorization is valid for 365 days from the date of signature.)

**Renewal applicants:**

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED \_\_\_\_\_, who, being by me first duly sworn, deposes and says that he/she is the holder of the aforesaid CPNC number(s), and that said Certificate of Public Necessity and Convenience (CPNC) is current and valid, and in accordance with New Orleans City Code Chapter 162. The CPNC holder further stipulates that all information contained in this application is accurate and true.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

Signature of Notary Public \_\_\_\_\_ Name of Notary Public \_\_\_\_\_

Personally known \_\_\_\_\_ or Identification Produced \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires \_\_\_\_\_