



Ground Transportation
Bureau License



Date	_____
Tracking Number	_____

REQUEST FOR TEMPORARY CPNC CERTIFICATES

Type of Application: Special Charter Special Event/Special Needs (Declared Special Event: _____)

APPLICANT INFORMATION

Applicant Name _____ Contact Number _____

BUSINESS INFORMATION

Name of Business _____

Business Address _____

City _____ State _____ Zip _____

How many CPNC numbers do you currently hold? _____

How many temporary CPNC's are you applying for? _____

Requested Start Date _____ Requested End Date _____

Total number of Days _____

Name of Insurance _____ Insurance Contact Number _____

REQUIRED ATTACHMENTS

- Proof of Insurance Coverage
- Copy of Vehicle Registration
- Proof of Louisiana Public Service Commission (LPSC) or Federal Motor Carrier Safety Administration (FMCSA) certification, if Special Charter

FEES

\$10.00 Special Charter Daily (LPSC and FMCSA certified bus companies, ONLY)

\$50.00 Special Charter Weekly (LPSC and FMCSA certified bus companies, ONLY)

\$20.00, Daily - All Others

ACKNOWLEDGEMENTS

(For Special Charter CPNC only)

I agree to comply with all provisions and requirements of New Orleans City Code Sec. 162-190.

Applicant Signature _____ Date _____

(For Special Events CPNC - all others)

I agree to comply with all provisions and requirements of New Orleans City Code Sec. 162-197.

Applicant Signature _____ Date _____