

# OPERATING AUTHORITY CERTIFICATE APPLICATION AND INSTRUCTIONS

## FOR NON-EMERGENCY MEDICAL TRANSPORTATION CARRIERS

**Purpose:** Use this form to apply for authority to exclusively provide non-emergency medical transportation only, (1.) through the Department of Medical Assistance Services; (2.) through a broker operating under a contract with the Department of Medical Assistance Services; or (3.) as a Medicaid Managed Care Organization or through a contractor of a Medicaid Managed Care Organization contracted with the Department of Medical Assistance Services. For information on how to obtain For-Hire Intrastate Operating Authority for other types of for-hire services visit [www.dmvNow.com](http://www.dmvNow.com).

**Instructions:** To ensure accurate and timely processing of your application, read and follow all steps outlined in the Operating Authority Certificate Application for Non-Emergency Medical Transportation Instructions (OA 151-I).

**NOTE:** The application process for operating authority involves multiple steps, including the submission of various pieces of information, and requires the applicant's continuing involvement and cooperation with DMV staff. It is critical that all required information is current and that it is submitted timely. If after 90 days you have failed to respond to a request for information, DMV may cancel your application. If your application has been canceled and you later decide to reapply for operating authority, you will need to begin the process as a new applicant.

**Please be aware of the following prohibition:** If you have been or are found guilty of performing, offering, advertising, providing, procuring, or arranging by contract, agreement, or arrangement to transport passengers for compensation without the required license, permit, or certificate through either a conviction resulting from a Virginia Uniform Summons or a civil penalty appropriately assessed by DMV, you will be denied the license, permit, or certificate requested for a period of 12 months beginning from the date of the conviction or assessment of the civil penalty.

### NON-EMERGENCY MEDICAL TRANSPORTATION CARRIERS

Apply for this type of Operating Authority Certificate if you are a motor carrier that will exclusively provide non-emergency medical transportation and provide such transportation only, (1.) through the Department of Medical Assistance Services; (2.) through a broker operating under a contract with the Department of Medical Assistance Services; or (3.) as a Medicaid Managed Care Organization or through a contractor of a Medicaid Managed Care Organization contracted with the **Department of Medical Assistance Services**.

The following requirements **MUST** be met:

◆ **You must:**

- provide non-emergency medical transportation only.
- submit a surety bond and Power of Attorney (from your surety company) OR irrevocable letter of credit in the amount of \$25,000. The bond or LOC must be kept in effect for 3 years from the issue date of the operating authority certificate.

**NOTE:** Refer to form OA435 - Passenger Carrier and Passenger Broker Bond or form OA447 - For Hire Operating Authority Certificate or License, Irrevocable Letter of Credit located under "Forms and Publications" on [dmvNow.com](http://dmvNow.com).

- ◆ If your application is approved, you will be required to have proof of insurance filed with DMV by your insurance company. Required minimum amounts are as follows:

Minimum Bodily Injury and Property Damage Amount	Total Passengers (including driver)
\$350,000	1 to 6
\$1,500,000	7 to 15
\$5,000,000	16 or more

### SECTION 1 -- BUSINESS INFORMATION

Complete all fields in this section as described below:

**BUSINESS NAME** - enter the legal name used to register your business.

**FEDERAL TAX IDENTIFICATION NUMBER** - Internal Revenue Service assigned number that identifies your business entity.

**TRADE NAME OR DOING BUSINESS AS** - enter the name by which people know your business. Only complete this field if this name is different than your "Business Name".

**BUSINESS STREET ADDRESS** - enter the street number and name of your business' physical location. This location must be where the routine day to day operations of the business are conducted, owned or leased by the applicant, satisfy all applicable local zoning regulations, houses all records, and be equipped with a working telephone listed in the business name.

**CITY** - enter the city name of your business' physical location.

**STATE** - enter the state name of your business' physical location.

**ZIP CODE** - enter the postal zip code for your business' physical location.

**BUSINESS MAILING ADDRESS** - enter the mailing address (street number and name OR P.O. Box) for your business. Only required if different than business' physical location.

**CITY** - enter the city of the mailing address for your business.

**STATE** - enter the state of the mailing address for your business.

**ZIP CODE** - enter the postal zip code of the mailing address for your business.

**COUNTY NAME** - if your business is located in Virginia, enter the county name for the business' physical location (if applicable).

**BUSINESS TELEPHONE NUMBER** - the number at which your business can be reached during business hours, this number must be listed or advertised in the name of the business.

**BUSINESS FAX NUMBER** - FAX transmissions sent to the physical location of your business will use this number.

**PRIMARY CONTACT PERSON NAME** - enter the name of the person who will serve as the primary DMV contact for any questions regarding your application or business.

**PRIMARY CONTACT TELEPHONE** - enter the best number to reach the primary contact person listed for your business.

**PRIMARY CONTACT FAX NUMBER** - enter the best number to send FAX transmissions to the business' primary contact person.

**PRIMARY CONTACT PERSON TITLE** - enter the official business title of the business' primary contact person.

**PRIMARY CONTACT EMAIL ADDRESS** - enter the email address for the business' primary contact person.

### SECTION 2 -- BUSINESS ENTITY INFORMATION

**BUSINESS ENTITY TYPE** - check to indicate if your business is structured as a corporation or other entity type.

**LIST BUSINESS OFFICIALS** - enter requested information for all required business officials as determined by your entity type.

**SECTION 3 -- LICENSE / CERTIFICATE INFORMATION**

Answer questions in this section accurately and provide additional information as appropriate.

CERTIFICATE / LICENSE TYPE - if your business has had an operating authority certificate or license denied, suspended or revoked, enter the type of certificate or license that was denied, suspended or revoked.

CERTIFICATE / LICENSE NUMBER - enter the certificate or license number(s) associated with the denial, suspension or revocation.

CERTIFICATE / LICENSE WAS - Check appropriate box to indicate if your certificate or license was denied, suspended or revoked.

REASON - enter the reason why your certificate or license was denied, suspended or revoked.

**SECTION 4 -- CERTIFICATION**

Carefully read this section; then sign and date where indicated.

**SECTION 5 -- PAYMENT OPTIONS**

Payment must be submitted with the application:

- ▶ A \$50.00 non-refundable fee must be included. If this application is returned to you, you may be required to pay another \$50.00 filing fee.

**CONTACT INFORMATION**

If you have additional questions or need assistance, you can contact a Motor Carrier Services Representative at:

804-249-5130 (voice)

(800) 272-9268 (deaf and hearing impaired only)

(804) 367-1058 (fax)

mcsonline@dmv.virginia.gov (e-mail)



# OPERATING AUTHORITY CERTIFICATE APPLICATION for NON-EMERGENCY MEDICAL TRANSPORTATION CARRIERS

1. BUSINESS INFORMATION			
BUSINESS NAME (For Individual applicants give your full legal name)		FEDERAL TAX ID/DRIVERS LICENSE NUMBER (if sole proprietor)	
TRADE NAME OR DOING BUSINESS AS (if different from Business Name)			
BUSINESS STREET ADDRESS (do not give P.O. Box)	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
COUNTY NAME (if Virginia Address)	TELEPHONE NUMBER	FAX NUMBER (business)	
PRIMARY CONTACT PERSON NAME	TELEPHONE NUMBER	FAX NUMBER (contact)	
PRIMARY CONTACT PERSON TITLE	PRIMARY CONTACT PERSON EMAIL ADDRESS		

2. BUSINESS ENTITY INFORMATION				
<p>Virginia law requires DMV to determine if persons applying for operating authority are fit to provide the service. Va. Code §19.2-389(30) authorizes the release of criminal history information to DMV in order to evaluate certificate/license applicants. In addition, DMV will review your driving record. The information requested below must be provided for:</p> <ul style="list-style-type: none"> <li>The owner of the business if you are applying as a sole proprietor (individual),</li> <li>Each partner of the business if applying as a partnership, limited partnership (LP), or limited liability partnership (LLP),</li> <li>Each member and /or manager if applying as a limited liability company (LLC), or</li> <li>Each officer if applying as a corporation.</li> </ul> <p>If any of the business officials listed below holds a driver's license issued by a state other than Virginia, you <b>must</b> enclose a current <b>CERTIFIED</b> copy of that person's driving record with this application regardless of whether the official holds a driver's license or an identification card.</p>				
FULL LEGAL NAME	DRIVER LICENSE NUMBER	ISSUING STATE (certified copy required if not issued by VA)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

3. LICENSE / CERTIFICATE INFORMATION			
Has any official of the business had any type of local, state, or federal certificate or license denied, suspended, or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES - list certificate / license type(s) and number(s) below.			
Has your business had any type of local, state, or federal certificate or license denied, suspended, or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES - list certificate / license type(s) and number(s) below.			
Have you as an individual, or the business name provided above, ever been convicted of a criminal violation or assessed a civil penalty for involvement in transportation that would require a DMV certificate, license, or permit? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Certificate / License Type	Certificate / License Number	Certificate / License was: (check if applicable)	Reason
		<input type="checkbox"/> DENIED <input type="checkbox"/> SUSPENDED/REVOKED	
		<input type="checkbox"/> DENIED <input type="checkbox"/> SUSPENDED/REVOKED	
Have you as a sole proprietor, or a partner, or the business name provided above, or any business official listed above, <b>ever been convicted or assessed a civil penalty for operating, offering, advertising, providing, procuring, furnishing or arranging to transport passengers for compensation without first obtaining a license, permit or certificate from DMV?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES - provide additional detail below.			
FULL LEGAL NAME	<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)	
FULL LEGAL NAME	<input type="checkbox"/> CONVICTION <input type="checkbox"/> CIVIL PENALTY	COURT(if conviction)	

**4. CERTIFICATION**

I certify and affirm that:

- 1) I will exclusively provide non-emergency medical transportation and provide such transportation only, (1.) through the Department of Medical Assistance Services; (2.) through a broker operating under a contract with the Department of Medical Assistance Services; or (3.) as a Medicaid Managed Care Organization or through a contractor of a Medicaid Managed Care Organization contracted with the Department of Medical Assistance Services.
- 2) I will not provide any other type of for-hire passenger transportation.
- 3) I will comply with all of the applicable provisions of the Code of Virginia, Title 46.2, and with all applicable requirements prescribed by the Virginia Department of Motor Vehicles.
- 4) all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied.
- 5) I am in compliance with the Worker's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements.
- 6) all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate.

I make these certifications and affirmations under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I understand that any Virginia Operating Authority certificate or license issued to me can be suspended and revoked if any of the information in the application is found to be untrue or inaccurate.

APPLICANT OR AUTHORIZED REPRESENTATIVE NAME	APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE	
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)	



**AVOID DELAYS in processing your application, review instructions to ensure you have completed this application correctly.**

**5. PAYMENT METHODS**

Applicants must include a **NON-REFUNDABLE** \$50.00 fee with this application. If this application must be returned to you for any reason, you may be required to pay another \$50.00 filing fee.

(Check one:)

- CHECK / MONEY ORDER -- Made payable to DMV     CREDIT CARD / E-Check -- provide contact number →

TELEPHONE NUMBER
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**NOTE:** In our continuing effort to safeguard customer information, DMV does not accept credit card payments by mail or email. You may pay with a credit card by having a Motor Carrier Services Representative contact you. We accept checks and money orders via mail.

Has your business or any official of the business had any type of local, state, or federal certificate or license denied, suspended, or revoked?

- NO     YES - list certificate / license type(s) and number(s) below.