

Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935
FAX #: (608) 261-7083
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR TRANSPORTATION NETWORK COMPANY LICENSE

PLEASE TYPE OR PRINT IN INK

Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

COMPANY NAME:

COMPANY PHONE NUMBER: (daytime)

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COMPANY ADDRESS: (number, street, city, zip code)

COMPANY EMAIL ADDRESS: (submit to receive application status electronically, please use all capital letters)

COMPANY FEIN NUMBER: (your employer identification number must be submitted on this application form)

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The Department may not disclose the employer identification number or social security number collected above except to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.

ANSWER THE FOLLOWING QUESTIONS

1. Is the company a Transportation Network Company under Wis. Stats. § 440, sub. IV? Yes No
2. Has the company adopted a policy of nondiscrimination in compliance with Wis. Stat. § 440.45? Yes No
3. Does the company have a zero tolerance policy for use of drugs and alcohol and compliant procedures for suspected violations as required by Wis. Stats. § 440.44? Yes No
4. Does the company have an Agent for Services of Process in accordance with Wis. Stat. § 440.42? Yes No
5. Are all requirements in Wis. Stats. § 440.48 related to insurance met? ***Provide a copy of a certificate of primary automobile liability insurance with your application.** Yes No

APPLICATION FEES: Make check payable to DSPPS for the total DSPPS fee and attach to this application.

\$5,000 Initial Credential Fee

For Receipting Use Only (184)

Wisconsin Department of Safety and Professional Services

BUSINESS REPRESENTATIVE OF THE COMPANY: (if other business representative(s), attach additional sheet(s) with the same information as requested below)

NAME OF BUSINESS REPRESENTATIVE RESPONSIBLE FOR THE COMPANY:

ADDRESS: (number, street, city, zip code)

PHONE NUMBER: (daytime)

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AGENT FOR SERVICE OF PROCESS: (please update the Department if there is any change during the license period)

NAME OF AGENT FOR SERVICE OF PROCESS:

ADDRESS: (number, street, city, zip code)

PHONE NUMBER: (daytime)

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EMAIL ADDRESS: (submit to receive application status electronically, please use all capital letters)

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1. Has the business entity ever been convicted of a misdemeanor or a felony in this state or any other state, or are criminal charges currently pending? **If yes, attach a sheet providing details.** Yes No
2. Has any licensing or other credentialing agency ever taken any disciplinary action against the business entity, including but not limited to any reprimand, suspension, probation, limitation, or revocation, or is disciplinary action pending? **If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.** Yes No
3. Have any suits or claims ever been filed against the business entity as a result of professional services? **If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.** Yes No

I hereby affirm that the answers set forth are true and correct to the best of my knowledge and belief and understand that if the business entity is issued a license, failure to comply with the license law or rules and regulations of the Wisconsin Department of Safety and Professional Services may be cause for disciplinary action against the business entity and/or any and all business representatives.

Signature of Business Representative: Date: / /

Wisconsin Department of Safety and Professional Services

DELINQUENT STATE TAXES

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the Department must deny your application if you are liable for delinquent Wisconsin taxes. If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief. I/We understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my/our application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I/We further understand that if issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: Date: / /