PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE SAN FRANCISCO, CA 94102-3298



Dear Permit Applicant:

California Labor Code Sections 3351 and 3352 require Corporations, Limited Liability Corporations (LLCs) and Partnerships to maintain a workers' compensation insurance policy for their employees, including officers, managing members and general partners, with certain exceptions. Assembly Bill No. 2883 revised those exceptions as follows:

Corporations

Officers or members of the board of directors must own at least 15% of the issued and outstanding stock of the corporation. The Statement of Information filed with the California Secretary of State and the Driver Statement (see attached form PL 739-A) must state the ownership levels for each officer or director, if the officer or director is also a driver. The ownership information listed on the Driver Statement must be identical to the information filed with the Secretary of State in the Statement of Information. Any officer or director owning less than 15% of the stock of the corporation must be covered by workers' compensation insurance.

• Limited Liability Company

Managing Members can opt out of workers' compensation insurance by executing a written waiver of his or her rights under the laws governing workers' compensation by stating under penalty of perjury that he or she is a qualifying Managing Member (form TL-706K-LLC). Members other than Managing Members are employees and must be covered by workers' compensation. In order to comply with this requirement, all LLC's must file a current Statement of Information with the California Secretary of State specifying the name of and title of each Managing Member and Members.

• General Partnership

An individual who is a General Partner of a partnership can opt out workers' compensation insurance by executing a written waiver of his or her rights under the laws governing workers' compensation by stating under penalty of perjury that he or she is a qualifying General Partner. Any other Partners are employees and must be covered by workers' compensation. To comply with this requirement, all General Partnerships must file an updated Partnership Agreement (see attached) specifying the required information and title of each General Partner/Partner.

To receive a permit for any type of application (new, renewal, refile or transfer) the applicant must provide the necessary documents as stated above. Failure to comply with this Labor Code requirement may result in the suspension, subsequent revocation or denial of your authority.

Transportation License Section

PUBLIC UTILITES COMMISSION OF THE STATE OF CALIFORNIA DRIVER STATEMENT OF APPLICANT

				TCP		
NAME OF APPLICA	ANT:					
DOING BUSINESS	AS (DBA):					
BUSINESS ADDRE	ss:					
	Street A	ddress City	County	State		Zip Code
PHONE: () Phone N	REQ	UESTER CODE NU	MBER:		100 1 00 100 100 100 100 100 100 100 100 100
Area Code	e Phone N	lo.				
OFFICIAL ENTITY	EMAIL ADDRESS					
APPLICANT PROP DRIVER IS ELIGIB YOUR COMPANY.	OSES TO EMPLO LE FOR A DRIVIN	Y THE FOLLOWING DRIV G CERTIFICATE. THIS L	/ERS (INCLUDING IST MUST BE A CO	APPLICANT IF APPLICABI OMPLETE LIST OF ALL DR	IVERS EMP	LOYED BY
						CPUC ONLY
CALIFORNIA DRIVER LICENSE NO.	BIRTH DATE M/D/Y	FULL NAME OF D	DRIVER	% OF OWNERSHIP MEMBER / OFFICER	CLASS OF LICENSE	STATUS
					LIOLITOL	
		CONTINUE ON	BACK IF NECESSA	ARY		
Deter						
Date:		-				
		1		Signature of Applicant(s)		
	M ampliagnt is					
	if applicant is	a corporation:	Si	gnature of Corporate Office	er	1,
				Title of Oomeonte Office		
PI 730-A (Rev. 2/17)				Title of Corporate Officer		

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA LIMITED LIABILITY COMPANY EXCLUSION WAIVER

PLEASE TYPE OR PRINT

Name of Carrier:				
	As shown on y	our permit, certificate, or applica		
Passenger: PSG	House	hold Goods: MTR		Carrier:
Air: A	Vessel:	: VCC	VSL	
All manager(s)-member(s) requesting excl	usion		
Pursuant to California Labo 2017, the following may ele	r Code §§3351 arect to be excluded	nd 3352, as amended by Asi from workers' compensation	sembly Bill 2883, e on insurance covera	ffective Januar
"An individual who is a ger if that person elects to be ex workers' compensation, sta qualifying general partner o	cluded by executi ting under penalt	ing a written waiver of his o y of perjury that he or she i	or her rights under i	the laws govern
ACKNOWLEDGEMENT				
/we acknowledge that this exist for excluded individua	exclusion does no ls as employees u	et relieve the limited liability under workers' compensation	y company of any li on or employer's lia	ability which ibility laws.
we will notify the CPUC in f the amended Statement of	mmediately in wr f Information file	iting by submitting an amer d with, and endorsed by, the	nded form TL706K e California Secreta	-LLC and a copury of State.
we certify (or declare), und egarding exclusion from we f perjury, that the foregoing	orkers' compensati	jury, that we have read and tion insurance coverage. If ect.	understand the abo we certify (or decla	ve requirement re), under pena
he following manager(s)-moverning workers' compen-	nember(s)wish(s) sation. Please pri	to be excluded under the control and sign your name, then	empensation provision enter the signature	ions of the law e date below.
PRINT MANAGER-MEMB	ER'S NAME	MANAGER-MEMBER	'S SIGNATURE	DATE
PRINT MANAGER-MEMB	ER'S NAME	MANAGER-MEMBER	'S SIGNATURE	DATE
PRINT MANAGER-MEMB	ER'S NAME	MANAGER-MEMBER	'S SIGNATURE	DATE
PRINT MANAGER-MEMBI	ER'S NAME	MANAGER-MEMBER	S SIGNATURE	DATE

(For more manager-member names, additional pages may be used)

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA PARTNERSHIP AGREEMENT

This partnership agreement form must be attached to the original application when a partnership agreement has not been previously reduced to writing.

If the liability of any partner, or partners, to that portion of the public with whom the partnership transacts any of its business is intended to be a limited liability, the certificate required of limited partnerships by Section 15502 or 15621 of the Corporations Code must be executed and recorded and a copy thereof filed with this Commission in lieu of this form.

LIST THE FOLLOWING INFORMATION FOR EACH PARTNER

NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIPCODE	CITY STATE ZIPCODE
AREA CODE PHONE NUMBER	AREA CODE PHONE NUMBER
PERCENTAGE INTEREST	PERCENTAGE INTEREST

	partner(s), who will be available to explain the operations and procedures of the d supply any requested records to authorized Commission representatives:
	eement whereby a partner(s) is (are) to assume specific responsibilities such as ne name(s) of such partner(s), and his (their) duties:
Name	Responsibility
	partner(s), who will not take an active part in the actual conduct of the partnership
business: We certify (or declar	partner(s), who will not take an active part in the actual conduct of the partnership CERTIFICATION re), under penalty of perjury, that we have read and understand the ent stated above and that the foregoing is true and correct.
business: We certify (or declar	CERTIFICATION re), under penalty of perjury, that we have read and understand the ent stated above and that the foregoing is true and correct.
business: We certify (or declar partnership agreem	CERTIFICATION re), under penalty of perjury, that we have read and understand the ent stated above and that the foregoing is true and correct.

ALL PARTNERS MUST SIGN